DOCUMENT RESUME

ED 414 065 PS 026 063

AUTHOR Reagan, Georgiana
TITLE Enhancing Teen Parenting Skills through Practical Experiences in a Public School Child Care Setting.
PUB DATE 1997-00-00
NOTE 270p.; Master's Practicum Report, Nova Southeastern University. Photos in Appendix NN will not reproduce well.
PUB TYPE Dissertations/Theses - Practicum Papers (043) -- Reports - Descriptive (141)
EDRS PRICE MF01/PC11 Plus Postage.
DESCRIPTORS Adolescents; *Cooperative Programs; Day Care; *Early Parenthood; *Parent Education; Preschool Education; Program Effectiveness; *Public Schools; Secondary Education
IDENTIFIERS *Center Based Programs

ABSTRACT

Because of social changes, a large number of teenagers are entering parenthood with little or no parenting education. A need has presented itself for communities, including school districts, to provide parenting education for teens. This practicum project involved the design and implementation of a strategy to provide practical parenting education for teen parents in a school district-based infant-toddler child care center in the southwestern United States. The strategy attempted to enhance the concepts taught in the traditional classrooms by providing hands-on activities for teen parents through a variety of methods. Data collected through pre- and post-tests, homework assignments, and teachers' observations and progress reports indicated that the program had a positive impact. Teen parents, child care center staff, and high school classroom teachers responded favorably to the project. Direct outcomes included a toy lending library, a social service resource directory for students, and the incorporation of the project strategy into the public school's curriculum for parenting classes. (Forty-four appendices include various program materials and survey forms and results. Contains 23 references.) (Author/EV)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 414 065

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Enhancing Teen Parenting Skills Through Practical Experiences in a Public School Child Care Setting

by

Georgiana Reagan

Cohort 75E

A Practicum Report Presented to the
Master's Program in Life Span Care and Administration
in Partial Fulfillment of the Requirements
for the Degree of Master of Science

NOVA SOUTHEASTERN UNIVERSITY

1997

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL
HAS BEEN GRANTED BY

Georgiana
Reagan

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

PS 026063

BEST COPY AVAILABLE

Abstract

Enhancing Teen Parenting Skills Through Practical Experiences in a Public School Child Care Setting. Reagan, Georgiana, 1997: Practicum Report, Nova Southeaastern University, Master's Programs in Life Span Care and Administration. Descriptors: Teen Parenting/Parent Education/Practical Parenting/Parenting Skills/Public School-Based Parenting Education/Parent-Child Interaction/Parenting Curriculum/Hands-on Parenting Activities/Parent Participation/Teen Parent Responsibility/Parent Involvement/Infant & Toddlers/Child Care Centers/Campus-based.

Due to societal changes, a large number of teenagers are entering parenthood with little or no parenting education. A need presented itself for communities, including school districts to provide parenting education for teens.

The author designed and implemented a strategy intended to provide practical parenting education for teen parents in an infant-toddler child care center. The strategy attempted to enhance the concepts taught in the traditional classrooms by providing hands-on activities for teen parents through a variety of methods. The teen parents, child care center staff, and high school classroom teachers responded favorably to the project.

Direct outcomes of the project included a toy lending library, a social service resource directory for students, and the incorporation of the project strategy into the public school's curriculum for parenting classes.

Table of Contents

Chapter		Page
I.	Introduction and Background	
	The setting in which the problem occurs	7
	The student's role in the setting	11
II.	The Problem	
	Problem statement	14
	Documentation of the problem	16
	Analysis of the problem	23
III.	Goals and Objectives	26
IV.	Solution Strategy	
	Review of existing programs, models, and approaches	28
	Description of solution strategy	37
V.	Strategy Employed - Action Taken and Results	46
VI.	Conclusion - Implications and Recommendations	67
References		72
Appendices		
A	Bureau of Vital Statistics Report	76
B	Organizational Chart	79
C	Essential Elements	81
D	March of Dimes Statistics	85
E	Child Protective Services Supervisor's Questionnaire	88
F	Parent Education Coordinator Questionnaire	90

G	Child Protective Services Adolescent Parent Abuse and Neglect Survey Results	92
H	Pregnant and Parenting Teen Survey Form	94
I	Pregnant and Parenting Teen Survey Results	96
J	Pregnant and Parenting Program Survey Form	98
K	Pregnancy and Parenting Program Survey Results	101
L	Ten Week Implementtion Plan	103
M	Contest Flier	109
N	Contest Rules	111
O	How the Contest Works	113
P	Schedule of Events	115
Q	Parent Letter	118
R	Pretes'	120
S	Toy Inventory Forms	128
T	Toy Library Activity Cards Example	133
U	Donation Approval Letter	135
V	Resource Library Checkout Form	137
W	Home Assignment Form Toy Library	139
X	Home Assignment Form Reading Library	142
Y	Home Assignment Form for Bathing Babies	144
Z	Parent-Child Interaction Unit Results	146
AA	Request for Incentive Letter	148
BB	Community Donation Incentive List	150
CC	Health and Safety Unit Outline	153
DD	Child Care Center Health & Safety Checklist	156
EE	Home Health & Safety Checklist	160

FF	Home Assignment Transportation Checklist	164
GG	Developmental Milestones Unit Outline	166
HH	Stages of Development	170
II	Student Resource Directory	175
JJ	Sample Notebook Information	195
KK	"Who Ya Gonna Call" Unit Outline	206
LL	"Who Ya Gonna Call" Unit Scenarios	209
MM	"Who Ya Gonna Call" Unit Questions	214
NN	Monthly Newsletters	216
OO	Monthly Newsletter Questionnaires	254
PP	Monthly Newsletter Questionnaire Answer Key	260
QQ	Child Care Classroom Evaluation Instrument	264
RR	Child Care Classroom Evaluation Results	268

Introduction and Background

The setting in which the problem occurred

The setting in which the problem occurred is located in southwest central United States and is one of the largest states in the United States. Due to the state's vast size, it preserved its frontier characteristics. One could travel over 800 miles from one end of the state to the other.

Commerce and industry are considered the mainstay for a state that was once dependent on, and well-known for, oil, cotton, cattle, and grain. The people and culture are diverse. Black and Hispanic accounted for one fourth of the state's total population.

A city of 106,000 inhabitants, in the west central area of the state, provides the location for this project. The community is very conservative with large numbers of churches, three religion-based universities, and numerous religious organizations.

The city is the largest within a 100-mile radius. Oil, once the backbone of this community, takes backstage to a depressed economy which consists of a struggling agriculture field, one Air Force base, prisons, small businesses, and restaurants. The per capita income is $2000 below poverty level (Retreat Planning Committee, 1994).

The program site for the practicum was in the local school district. At the time of this writing, the district served a

student population of 19,606. There were 9,570 secondary students with a racial mixture of 61.99% Anglo, 25.39% Hispanic, 10.54% Black, and 2.08% other (Abilene Independent School District, 1996).

In 1989 the state's education agency provided funding opportunities for districts to provide pregnancy and parenting programs. After 1985, the rise in numbers of teenage mothers in the state brought the scope of the problem into reality (see Appendix A for Bureau of Vital Statistics Reports). The problem could no longer be ignored. The design of the programs enabled teen parents to graduate and lowered drop out rates in the schools (D. Ammons, personal communication, February 3, 1997). At the time of this writing 250 pregnancy and parenting programs existed in the state.

In January of 1990 the local school district received funds to operate a pregnancy and education program in the district. The program became part of the Career and Technology Department, and the Director of Career and Technology served as the program's administrator (see Appendix B for Organizational Chart). Although many members of this conservative community felt the program only encouraged teen pregnancy, the program was in its seventh year (J. Pfeifer, personal communication, February 5, 1997). The pregnancy and parenting program continued to remove obstacles and provided opportunities for pregnant and parenting teens to graduate.

The Department of Health, Bureau of Vital Statistics released the 1995 live birth statistics by county in October of 1996. The county in which the problem occurred had 377 births to teens between the ages of 13 and 19 years (see Appendix A for Bureau of Vital Statistics Report). During the 1995-96 school year, 288 pregnant and parenting teens were identified; 95 were Anglo, 134 were Hispanic, 59 were Black, and 0 other. Of the 79 seniors, 56 graduated by August of 1996 (Pregnancy, Education, Parenting Program--Teen Parenting Statistics, 1996).

The program provided social service agency referrals, counseling, parenting classes, and on-site child care services. District counselors, nurses, and principals referred students to the program. The program worked with over 40 local agencies to provide services to pregnant and parenting teens.

The counselor provided needs assessments for each referral. She provided peer, individual, group, and career counseling for each student. Each high school provided parenting classes for the pregnant and parenting teens. Essential elements, provided by the state, assured that parenting curriculum contained necessary components to meet the needs of teen parents (see Appendix C for Essential Elements).

The district provided an on-site child care facility and bus transportation to and from school and the child care center. The child care center was state licensed for 51 children which served predominantly infants and toddlers, but the license included children through the age of 4. Located in the middle of

the community, the center served two high schools, an alternative high school, six middle schools, an alternative middle school, and an adult education program. The number of students in need of child care services far outweighed the capacity. At the time of this writing, 80 teen parents were on the waiting list for child care services.

The child care center provided a high quality service to the children of teen parents. The center maintained quality child care criteria through the assistance of the child care management group that disbursed state funding for child care services to centers serving low income families. Since most of the participants in the child care center qualified for this funding, the center opted to meet the highest quality standards the child care management group had to offer.

The child care center employed a director, four full-time caregivers, one full-time cook, three part-time caregivers, and six part-time student aides. Six volunteer foster grandparents worked four hours in the center each day.

Each full-time caregiver and the cook had a child development associate credential (CDA) and a total of 50 years of experience working with young children in either a registered family home or a licensed child care center. The part-time caregivers had CDA training classes and at least two years of experience in a licensed child care center. One of the part-time employees had a Bachelor's degree.

The six student aides were in a work-study program at their

respective high schools. Each student worked with a full-time caregiver during the school year. They learned caregiving through on-the-job training, workshops, seminars, preservice training, and orientation.

All staff received orientation training each year and new staff received an additional eight hours of preservice training. During the school year an additional 20 hours of inservice training was offered to each staff member and volunteer.

Each staff member worked closely with the teen parents to assure a positive outcome for the children. Staff provided teen parents with information concerning their child's development.

Student's role in the setting

The writer was employed by the school district as the director of the Pregnancy and Parenting Program. The writer received an Associates Degree in Child Development from a local junior college, later attended a local university and received a Bachelor of Applied Studies (BAS) degree in Family Studies.

The director had been employed by the district since the program's inception in 1990. Prior to employment by the district, the author directed a large center licensed for 319 children for six years. The center served children ages 0 to 13 years.

Responsibilities of the director included all aspects of the operation of the child care center, grant writing for the entire program, budget preparation, and dissemination and coordination of services.

The director hired, supervised, trained, and evaluated the staff. The director assured that all agency guidelines were maintained including licensing, health department, fire department, management services, and state education agency granting criteria.

The director acted as a liaison with other district administrators and the community and worked with other agencies to enhance the community's perception of the program. The writer collaborated with other agencies and community committees toward prevention of teen pregnancies and was further responsible for parent and employee relations. The entire staff developed the curriculum, but it was ultimately the responsibility of the director. Purchasing, payroll, state reports, and all other normal administrative duties were the responsibility of the director.

The director provided a lab for home economic teachers from a nearby high school to send students to observe children for child development classes. The director worked with the high school students, explained the program components, and the development of children while they observed in the center.

The writer felt competent conducting this project. The author had 15 years of experience working with children between the ages of 0 to 13 years. Seven of those years were spent working with pregnant and parenting teens and aiding in providing parenting skills and referrals to social service agencies. This

experience provided the writer with vast knowledge of teen parents' needs.

Chapter II

The Problem

Problem statement

"Babies having babies" was a widely known phrase across the United States identifying the crisis of teenagers who were pregnant or parenting. Yes, teenagers were having babies at a rate of 38.7 per 1,000 teens (Adolescent Sexuality Task Force, 1995).

A myriad of problems occurred when adolescents became parents. Teen mothers and their babies faced increased health risks. Many teen parents had poor eating habits, smoked, drank alcohol, and may have taken drugs. These habits increased the risk that their babies would be born with health problems (Adolescent Sexuality Task Force, 1995).

All American adolescents were at risk for pregnancy but poor and ethnic minorities were at highest risk (Porter, 1990). At the time of this writing, black teenagers accounted for 14% of the total adolescents in the United States, but they were overrepresented in adolescent pregnancies. The reason for this fact was poverty. These large numbers of poor and Black teens and very young were at risk of repeated pregnancies, continued poverty, and inappropriate childrearing practices (Porter, 1990). Services like Aid to Families with Dependent Children (AFDC), food stamps, and medicaid were very helpful to these young families. This type of support helped alleviate punitive parenting (Crockenberg, 1987).

Teens were at risk of dropping out of school, curtailing their education, and reducing their chances of meeting occupational goals (D. Ammons,personal communication, February 3, 1997). Dropouts lost the support of their school, and they lost social ties with friends. Social isolation and the lack of support were indicators of possible abuse and neglect (Crockenberg, 1987).

Young teens usually were not cognitively and emotionally prepared for the role of parent (Nath, Borkowski, Whitman, & Schellenbach, 1991). They lacked knowledge of child development and possessed inadequate parenting skills. They sometimes lacked sensitivity to the needs of their child and used negative language while interacting with him or her. Teens did not seem to spend as much time with their children as older parents did, thus affecting parent-child interaction.

The children of teen parents showed high incidences of developmental delays, mild retardation, or behavioral problems (Nath, Borkowski, Whitman, & Schellenbach, 1991). Some causes may have been poor health care, less parent-child interaction, poor parenting skills, or lack of positive role-models.

The writer was concerned with the fact that teens had little or no parenting skills, which placed them at risk of maltreating their children (Miller, 1984). Pregnant and parenting teens needed the opportunity to learn skills necessary to function as successful parents. Social support for teen parents

was a critical component if teens were to be successful as parents (Nath, Borkowski, Whitman, & Schellenbach, 1991).

Documentation of the problem

The United States teen pregnancy rate was higher than that of any other developed country for which there was data except Hungary. Hungary had nearly the same pregnancy rate, a higher birth rate, and a lower abortion rate (Adolescent Health Task Force, 1991). The United States teen pregnancy rate was seven times higher than in the Netherlands and more than twice as high as those in Canada, Denmark, Finland, New Zealand, Sweden, England and Wales, and Scotland. The United States had a higher teenage birth rate than all but 7 of 37 developed countries (Adolescent Sexuality Task Force, 1995).

Every minute in the United States a baby is born to a teen mother. One in five infant deaths is a baby of a teen mother (see Appendix D for March of Dimes Statistics). Each year there were over 1 million pregnancies, nearly 500,000 births, and over 400,000 abortions to women less than 20 years old. In the past 10 years the births among teenagers remained steady, however, the birthrate among adolescents 15 to 17 years old had increased (Roosa, 1991). Births to adolescents between the ages of 10 and 14 years rose 33% in the last 10 years (Nath, Borkowski, Whitman, & Schellenbach, 1991).

An increase in family health care and good nutrition contributed to the fact that the age of puberty in adolescent women was lowering and adolescents became sexually active at

earlier ages. In the past, women married at very young ages (as early as 14 or 15 years). At the time of this writing, puberty occurred earlier and marriages occurred later in life (Dr. S. Morrison, personal communication, February 5, 1997). Teenagers faced at least 10 years of abstinence or birth control before marriage.

As noted in Chapter I of this report, the state used for the project was one of the largest in the United States. This state also ranked highest in pregnancies for teens under 15 years and ranked second only to California in the number of teen pregnancies below the age of 18 years (Adolescent Sexuality Task Force, 1995).

The cost of teen pregnancy was staggering. This state spent over $75.9 million on newborn care for births to teens in 1990 and an additional $26 million for AFDC (Adolescent Sexuality Task Force, 1995).

As indicated in Chapter I of this report, Pregnancy and Parenting Programs opened across the state to lower the dropout rate among pregnant and parenting teens. Between August and December of 1995, 250 Pregnancy and Parenting Programs reported a total of 13,356 females and 1,197 males enrolled in the Pregnancy and Parenting Programs across this state. Of this total population, 54% were Hispanic, 20% Anglo, 25% Black, and 1% other. Over 7,000 children were served in the Pregnancy and Parenting Programs in 1996. The operating costs per students were $489 for each pregnant student, $1,097 for each parenting

student, and $2,726.40 for each child in child care (Kaulfus, 1996).

When adolescents dropped out of school due to pregnancy or parenting, they showed a loss of education, loss of employability, and lowered self-esteem. They also lost social ties with peers, teachers, and Pregnancy and Parenting Program staff (D. Ammons, personal communication, February 3, 1997).

Although the writer was concerned with all the problems cited in regard to adolescent parents, the major concern was the lack of parenting skills demonstrated by teen parents. Children and teen parents suffered when skills were lacking.

Cognitive readiness was a factor in positive parenting outcomes. In a 1993 study by Sommer, Whitman, Borkowski, Schellenbach, Maxwell, & Keogh, results indicated that adolescents were less cognitively prepared for parenting roles than older parents. They also experienced stress, and they had more difficulties adapting parenting styles. One hundred seventy one pregnant adolescents, 38 pregnant adults, and 48 non-pregnant adolescents participated in the study. Adolescent mothers showed less knowledge of child development, had less desirable parenting styles, and had less desirable attitudes toward parenting than adults (Sommer, Whitman, Borkowski, Schellenbach, Maxwell, & Keogh, 1993).

A 1991 study by Barratt, Roach, and Colbert, also found a correlation between maternal age and parenting skills. It found negative correlations between psychological symptoms and mothers'

organization of the physical environments and involvement with their children. The study further indicated that other variables needed to be considered for determining the lack of positive parenting. The study found that teen parents from single-parent or step-parent families exhibited less emotional and verbal responsivity and provided fewer age-appropriate toys and activities for their children than teen mothers from two-parent families. The poverty level of single parents may have contributed to some of these facts (Barratt, Roach, & Colbert, 1991).

Many teen parents were victims of sexual abuse prior to first pregnancies. In a study of 295 teenagers, 62% had experienced either molestation, attempted rape, or rape prior to their first pregnancy. When one factors in the teens who were physically abused to the total, only 29% had no history of either sexual or physical abuse (Boyer & Fine, 1992).

The same study stated that child maltreatment was often associated with adolescent parents. Abused young women were more likely to have abused children. Abused young women were three times more likely than non-abused young women to have maltreated children (Boyer & Fine, 1992).

Other factors, like stress, may have contributed to the relationship between teen parents and child abuse and neglect. Additional births to a teen mother only added to the chronic stress and the relationship between abuse and neglect (Zuravin, 1988).

Agencies in the city in which the project occurred served as the catalyst to bring additional information to this paper. In a questionnaire (see Appendix E for Child Protective Services Supervisor's Questionnaire) completed by the Child Protective Services (CPS) supervisor, 120 cases of child abuse or neglect by adolescent parents were reported in 1996. This total was approximately 20% of the total abuse and neglect cases for the year. Information was not available to determine how many of the remaining 80% would have been an adolescent when their child was born. The ages of the children involved in these cases were 0 to 12 months and 2-year olds.

A second questionnaire (see Appendix F for Parent Education Coordinator Questionnaire) was completed by the Parent Education Coordinator for the local Air Force Base. The Parent Education Department reported 55 teen parents were referred during 1996. Many of these parents were referred by the Air Force Base, CPS, or other community agencies as at-risk parents. The coordinator stated, "Many 18 and 19-year-olds who join the armed services were married and had families" (K. Johnson, personal communication, February 4, 1997).

In a survey of CPS case workers (see Appendix G for Child Protective Services Adolescent Parent Abuse and Neglect Survey Results), the lack of parenting skills was accentuated by the fact that very few of the total teen parents with abuse and neglect cases in 1996 had prior parenting training. Only 10 teen parents from the survey sample had prior parenting training. The

case workers completing the survey outlined the three most common types of abuse by teen parents as hitting, physical neglect, and slapping. The CPS survey noted that the top four areas of need for parenting education were discipline and guidance, stressors of parenting, parent-child interaction, and developmental milestones.

Seventy-six pregnant or parenting teens from two local high schools provided information for the final survey (see Appendix H for Pregnant and Parenting Teen Survey Form). Twenty-six teen parents indicated in the Pregnant and Parenting Teen Survey Results (see Appendix I) that parenting was more difficult than they had anticipated, 11 thought parenting was less difficult, 23 teens felt parenting was what they had expected, and 17 were pregnant and did not answer the questions. All 76 participants felt they were or would be good parents.

The survey participants were asked to indicate the three areas (from the list provided) in which they needed more information or training. The three greatest needs were (1) know what to expect of my child so I know how to discipline and guide his or her behavior, (2) learn about the development of children, so I know what to expect of my child, and (3) when I am frustrated with my child, I ask for help (see Appendix I for Pregnant and Parenting Teen Survey Results).

The final survey question asked teen parents to prioritize their top five parenting strengths using the same list. Most parents felt they were doing well meeting the areas of bathing

their child, feeding their child appropriately, and taking their child to the doctor when ill (see Appendix I for Pregnant and Parenting Survey Results).

The final documentation of the problem was found within the Pregnancy and Parenting Program. The caregiving staff provided information concerning observed parenting needs of the teens. Pregnancy and Parenting Program staff reported many incidences of neglect:

(1) At least two children were not bathed daily and at least one per day came to the center in the morning still wearing a night diaper, (2) Three parents in the past month fed very young infants (under 6 months) ice cream and other inappropriate foods, (3) Although three children were fed inappropriate foods, at least two others were not offered baby foods and cereals until after 6 to 8 months of age; (4) At the beginning of the school year at least two children per week arrived at the center with dirty bottles and soured formula, (5) Some infants contracted thrush, scabies, diaper rash, ring worms, and yeast infections due to neglectful situations, (6) Caregivers also witnessed three children with curling iron burns, one cigarette burn, and several bumps and small bruises. The Pregnancy and Parenting Program reported five neglect cases to the CPS agency during the 1995-96 school year (S. Glaze, V. Moreno, B. Giron, N. Newman, H. Walston, J. Bowman, & K. Harris, personal communication, January 7, 1997).

The Pregnancy and Parenting Child Care Center provided developmental assessments for the children twice per year. Advancing Babies Chances Program (ABC) assessed all the children in September of 1996. A total of 16 children were referred for possible developmental delays. Four of these children had been low birth weight babies.

Analysis of the problem:

Many factors contributed to the teen parents' need for parenting skills. Due to youth and inexperience, teenagers' knowledge of parenting and child development was limited (Sommer, Whitman, Borkowski, Schellenbach, Maxwell, & Keogh, 1993). It was difficult for an adolescent to focus on a young child when the teen was still concerned with his or her own needs. If a teen parent were to be successful as a parent, opportunities for parenting education were essential.

Teen parents needed a social network as stress levels were high among teen parents. Family friends, community agencies, and school personnel were necessary to help teen parents succeed in the multiple roles of parent, student, and wage earner. The social network became more important when one understood that social intervention could influence parenting behavior and lend support to those teens who were victims of abuse themselves (D. Ammons, personal communication, February 4, 1997).

The surveys (see Appendices E, F, G, and I for results) confirmed the need for parenting education for teens. The areas of need closely matched in all the surveys. The teen parents

survey results (see Appendix I for Pregnancy and Parenting Teen Survey Results) isolated several areas of need. The greatest needs were discipline, guidance, and child development. The survey completed by CPS (see Appendix G for Child Protective Services Adolescent Parent Abuse and Neglect Survey Results) echoed these same areas of need.

When teen parents dropped out of school, their chances of successful parenting diminished due to loss of self-esteem, parenting classes, and a social network (D. Ammons, personal communication, February 4, 1997). It was imperative that adolescent parents received individualized social support. Awareness of available resources, necessary in times of need, was critical for adolescent parents.

There was a significant relationship between the lack of adequate social support and mother-child interaction (von Windeguth & Urbana, 1989). Pregnant and parenting teens were less involved with interpersonal relationships than non-pregnant adolescents. They had less positive involvement with their friends and families, which increased the level of stress. Social support was vital to adolescent parents (Passino, Whitman, Borkowski, Schellenbach, Maxwell, Keogh, & Rellinger, 1993).

The writer was interested in finding innovative methods to help teenage parents become successful. Just as each teen was an individual, the parents' needs were viewed individually,

as well as in a group. The writer believed teen parents wanted to be good parents. They needed patience, information, and understanding from teachers, community, and family.

Chapter III

Goals and Objectives

Teenagers lack of cognitive development necessary to parent effectively was well documented. The writer felt the need to help teen parents learn how to interact with their children, keep their children safe and healthy, have necessary information to access a network of support, and know what to expect of their children during the first two years of life. Based on the information collected in Chapter I and II, the following goals and objectives were determined for the project.

Goal 1:

To enable pregnant and parenting teens in the school district to obtain necessary parenting education to be successful parents.

Objectives:

By the end of the ten-week implementation period

1. 75% of the pregnant and parenting teen participants will increase their knowledge by 50% of appropriate parent-child interaction skills. Evaluation will be provided by observations and pre and post tests.

2. 75% of the pregnant and parenting teen participants will increase their knowledge by 50% of health and safety procedures for

young children. Evaluation will be provided by observations and pre and post tests.

3. 75% of the pregnant and parenting teen participants will increase their knowledge by 50% of how to access a support systems within the family, school, and community. Evaluation will be provided by observations and pre and post tests.

4. 75% of the pregnant and parenting teen participants will increase their knowledge by 50% of the developmental milestones from birth to 3 years. Evaluation will be provided by observations and pre and post tests.

These goals and objectives supported the proposed solution and determined if the solution chosen succeeded in meeting the above stated criteria.

Chapter IV

Solution Strategy

Review of existing programs, models, and approaches

The problem of teen pregnancy and all related areas was not new. Many programs over the past few years provided innovative ways to teach adolescents parenting skills. Many of the programs reviewed by the writer served not only teens but adult parents.

One such program was the Parents as Teachers Program (PAT) (Parents as Teachers National Center, Inc., 1993) which assisted parents in obtaining parenting education. The program was a prevention program designed to maximize children's development in the first five years of life and build a strong foundation for school success. The PAT program helped minimize developmental problems for children through early intervention.

Assessments of the PAT Program confirmed that the program taught positive parenting skills, reduced child abuse, and helped children arrive at school ready to learn. The children performed well in school and the parents were more involved with their children. The PAT Program provided information and assisted parents to discover how to share learning opportunities with their child in their home and in the child care center. PAT helped the parent gain confidence as a parent by providing child development information based on research to empower parents. The support services enabled parents to enhance the child's intellectual, language, physical, and social development.

The PAT Program contained three main components--home visits, group meetings, and developmental screenings. During the home visits, a child development specialist worked with the parent and child in their home. The specialist modeled appropriate activities for the child and left the parent with toys and activities from a resource room provided by the program. The second component provided group meetings with the parents and the child development specialists. Parents received education in discipline and guidance, appropriate activities, health and safety, and child nutrition. The final component provided periodic screenings for children to indicate developmental delays.

Specialized programs were provided for teen parents. Teen mothers made up 41% of parents enrolled in PAT Programs. Of the total teens enrolled, 8% were age 14 or younger. In 1993, 82% of teens enrolled in PAT stayed in school. The program was originally designed for school districts but also served families at job sites, child care centers, health clinics, and public housing settings (Parents as Teachers National Center, Inc., 1993).

Staff were trained to provide this program. A week long training program was offered quarterly for administrators and parent educators. The cost of the program was approximately $800 per family and was available across the United States.

Another study worthy of mention was a program designed to improve adolescents' mothering behaviors (Koniak-Griffin,

Verzeminieks, & Cahill, 1992). This program used videotape instruction and feedback. The rationale of the study was that more attention should be given to fostering maternal behaviors, since these behaviors could be instrumental in the child's social and cognitive development. The study included 31 adolescent mothers and their children. All subjects were single, and this was a first pregnancy for 90% of them. The adolescents' education ranged from the fifth grade to the first year of college.

The adolescents were asked to teach their 4 to 6 week old infants to follow a red ball and then to reach for a red ring. The activities were structured for the first activity to be easy. The second activity was too advanced for the infants' age level and provided a basis for instruction. A professional nurse videotaped both activities, then viewed the tape with the parent. The nurse replayed the tape, and together they reviewed specific portions.

Each parent viewed the tape to find appropriate interaction strategies and any areas that were more difficult for him or her. The nurse provided the parent with feedback and discussion, and the appropriate interaction was praised. The nurse then gave instruction to the parent in (1) infant cues, (2) responses to infant stress, (3) use of language, (4) how to gain infant's attention, (5) how to give clear instructions, and (6) allowing the child time for performance.

Following instruction, the parents completed the more difficult task for a second time. The interaction was again

videotaped by the nurse but not viewed by the parent. A few weeks later the nurse visited the home and videotaped the parent-child interaction to evaluate if the training was still being used.

This study showed videotape instruction effectively promoted positive parenting skills and those skills were sustained over a period of time. The authors of this study provided several recommendations for future studies.
They indicated that (1) the study needed to be large scale with repeated videotape instruction, (2) the method needed to be tested in other locations such as child care centers, and (3) a determination needed to be made of which adolescents would benefit most from the program (Koniak-Griffin, Verzeminieks, & Cahill, 1992).

In a developmental model (Catrone & Sadler, 1984) for teenage parent education, a parenting class was designed in a school setting to serve teens returning to school after having a child. The authors suggested that developmental tasks of adolescence conflicted with the demands and responsibilities of teen parents. These conflicts provided specific issues for curriculum designed for parenting classes. The authors' design used specific classroom strategies: (1) roleplay, (2) biographical scripts, (3) family diagrams, (4) developmental charts, and (5) classroom debates.

The Catrone and Sadler (1984) model suggested that teens needed to actively participate in parenting training through roleplay, biographical scripts, and class projects. In this

project teen parents assumed the roles of parents and children in situations designed to enhance parents' understanding of positive interaction and empathy toward their children.

A child development chart illustrated the following areas of development: (1) physical development, (2) intellectual development, (3) emotional development, (4) play, and (5) safety. The chart was discussed and each week a student would assume the role of the child development expert. The student explained and described the behavior of his or her child. The student was also assigned homework tasks with his or her child. Students enjoyed talking about their own child.

The Catrone and Sadler (1984) design sought to meet the diverse and challenging needs of adolescent parents and aid teens struggling toward independence. The design met the goal through active participation by the teen parents.

Another school-based teen parent program sought to improve parenting skills of 11 teen mothers (Reynolds, 1995). The program provided transportation, medical appointments for babies, and loosely structured group discussions. New group sessions addressed issues on parenting, employability, life management, and child development. Individual counseling enabled teen parents to build a support system.

Group sessions were held twice per week where teens discussed topics like crying and schedules. Teens discussed why babies cry and what parents should do when they cry. Child care

staff helped teens resolve some of their questions about managing crying babies.

Cognitive development and toilet training were also training topics. The teens discussed setting limits and discipline. Many teens relived memories of how they were disciplined as young children. A major goal was for parents to use problem solving to avoid corporal punishment.

In evaluating the outcomes of this program, Reynolds (1995) found that teen mothers did not believe in using corporal punishment at least until the children were toddlers. Many teens justified spanking during toddler years as a means of discipline. All, except one mother, showed a strong understanding of parent and child roles and most were open to learning new information about parenting skills.

A final review of programs led to the Pregnancy and Parenting Programs (Texas Education Agency, 1997) in the writer's home state. As noted in Chapter II of this report, 250 Pregnancy and Parenting Programs were located in the state.

A Pregnancy and Parenting Teen Survey Form (see Appendix J) was sent to 100 Pregnancy and Parenting Programs which provided on-site child care centers in their programs. Sixty programs returned surveys (see Appendix K for Pregnancy and Parenting Program Survey Results). The programs served between 5 and 622 pregnant and parenting teens each year. These numbers represented diverse program sizes and components within those programs.

Twenty-four programs stated they used the child care center

for lab experiences. The programs which used child care centers for lab experiences stated that teens used the centers from 5 to 30 hours per semester. Some of the programs used the centers for observations while others graded teen parents on activities and performance in the center. Most of the programs provided parenting classes on their campus and used the center only for visitation. A few used the center for role modeling by caregivers and hands-on experiences. For the most part, home economics teachers scheduled and provided all the contacts teens had with the child care centers.

Two of the programs required teen parents to work in the center a certain number of hours if they used the center's services. Another program did not use their center for teen parenting labs but for an early childhood high school class. Some child care centers hired work-study students from the high schools to work in the centers. Some of the high school students were teen parents but not all of them.

After careful analysis of the research, the writer believed the PAT Program (Parents as Teachers National Center, Inc., 1993) would be an excellent choice to implement with teen parents in the proposed site, but the cost is prohibitive. The cost would need to be absorbed by the district which was not a possibility because the local Pregnancy and Parenting Program was funded by grants not by the district. The writer tried to obtain grants in the past to implement the PAT Program but to no avail.

The home visit component of the PAT program allowed staff to see the environment in which the parent and child lived and enabled staff to work with parents on their own turf. Additional staff would need to be hired for the Pregnancy and Parenting Program to provide the PAT program. Since the Pregnancy and Parenting Program budget had no funds for additional staff, using the home visit component was not possible.

One element of the PAT Program had potential for use in this project. The resource toy library could be made accessible to teen parents, and be located at the child care center. The center staff could maintain the library and check toys in and out of the center before and after school.

The second program mentioned provided videotaping of teen parents to improve parent-child interaction (Koniak-Griffin, Verzeminieks, & Cahill, 1992). This program could have been very useful to the Pregnancy and Parenting Program but the videotaping project was a longitudinal study and the writer felt in the 10-week implementation period allotted for the project, a videotape program could not be completed. It was also doubtful, due to the number of students in the writer's program, that the project would be successful. This videotaping study used 31 adolescent mothers. The writer's program would use from 50 to 70 students in a shorter period of time.

The third model reflected use of a classroom for teaching (Catrone & Sadler, 1984). The writer's program provided classroom teaching by the home economics teachers, and they may have

already employed activities like roleplay, biographical scripts, and classroom debates. It was unclear, in this model, the actual amount of time the teen parents actually spent with children.

The fourth model reviewed had 11 teen mothers as participants (Reynolds, 1995). Again, this was a smaller group of students than the writer used in the project. The Pregnancy and Parenting Program already provided counseling, parenting classes, medical appointments, agency referral, and transportation. In the Reynolds (1995) model, the child care staff helped teens resolve their questions about managing crying babies, but it was unclear if this project was done in the classroom or the child care center. The students actively participated in this model, developed a child development chart as a group, and took assignments home to encourage parent-child interaction. This strategy could also be used in the writer's solution.

In the last model reviewed, the Pregnancy and Parenting Programs (see Appendix I for Pregnancy and Parenting Teen Survey Results) showed a great deal of variety in structure. It was difficult for the writer to determine the extent to which the programs focused on the needs of each individual parent with regards to hours spent in a child care setting and how much hands-on activity in the center was used to enhance classroom learning experiences.

The programs researched used different methods to meet goals of providing parenting education. The solution used by the writer must incorporate many components. It must (1) serve two campuses

located in different parts of the city; (2) serve the parents in the child care center; (3) allow teens to interact not only with their child, but children of other ages as well; (4) use measures to ensure teens are not resistant to learning new skills; (5) be fun and innovative; (6) include the grandparents; and (7) enhance the concepts that were taught in the parenting classes on their respective campuses.

Solution strategy

The solution strategy was designed to allow collaboration with high school parenting class teachers and to enhance the classroom units of health and safety, developmentsl stages of children, parent-child interaction, and accessing social services. A resource toy library, a children's book library, and monthly newsletters would provide both written resources and hands-on activities for teen parents in the child care center and at home.

The first strategy would provide incentives to the teen parents. Before and during implementation, the writer would solicit from community businesses (1) movie tickets; (2) gift certificates; (3) free dinners; (4) free video rentals; (5)cash; and (6) baby items to be given as prizes for completion of units of study, homework assignments, and child care center based activities. The project would be designed as a contest. Throughout the implementation period, teens would win prizes for completing specified tasks. These prizes would encourage teens to participate while enhancing their parenting skills. A party would

be provided for all participants during weeks 8 and 9 to present grand prizes and serve donuts and juice. The Pregnancy and Parenting Program budget would provide the necessities for the party.

Several repetitious activities would encourage forming habits of positive parenting skills--choosing appropriate toys and interacting positively with their child. Many times teens know what should be accomplished but never get into the habit of doing the task.

Three pregnancy and parenting classes would provide opportunities for hands-on activities in the child care center. Teen parents would try to determine the ages of selected children in the center through their knowledge of childrens' stages of development. This activity would enhance and reinforce concepts learned in the parenting classrooms. Working with children is much different than reading about it in a book. Homework assignments, as in the Catrone and Sadler (1984) model, would provide hands-on activities with the teens' own children. The project would be designed to provide home assignments in bathing their babies, reading to their babies, and playing with their babies.

Grandparents of the children would need to play a major role as a model for the teens and the development of the children (Chase-Lansdale, Brooks-Gunn, & Palkoff, 1991). Each teen's parent would be asked to sign homework assignment papers. The signature would indicate the teen parent interacted with his or

her child either by bathing the child, reading to the child, or playing with the child using age appropriate toys.

A children's book library, as in the PAT model (Parents as Teachers National Center, Inc., 1993) would be set up. Librarians from the nearby high school campus would provide the childrens' books and the checkout system. The library shall be located at the child care center to allow books to be accessible to the teens parents. Teens would be able to read to children in the child care center and check out books for home reading assignments. The center's caregiving staff would offer suggestions to the teens concerning the child's favorite books and which ones are age appropriate.

A resource toy library would also be set up for this project. A grant received prior to this project would be used to purchase toys, videos, and to prepare a checkout system for the resources. Resource materials were to be housed in the child care center. Structured activities, using these materials, would be implemented. Teens would work with children in the center and toys were to be checked out for home assignments.

The project would provide for a resource directory to be printed for the pregnant and parenting teens. This directory would increase the teen's support system as peers can empathize with their problems. The directory can be printed by the district's print shop and the cost would be covered by the Pregnancy and Parenting Program.

A state-wide series of age-paced publications designed to meet the month-to-month needs of parents with infants were to be provided for each teen parent. The newsletters would include information and education on child development, parenting skills, health care, and resources available in the community. Participants in this project would include two high school parenting classes and teen parents who use the child care center but do not attend a parenting class. Although this newsletter series would be distributed to all participants in this project, the child care center parents would receive incentives each week for answering questions correctly from the publication. The writer and child care staff would design eight questions for each publication. These publications were to be provided at no cost to the program by a state agency.

The child care center would provide a model for teen parents. As teens spend time in the center, they would see what an appropriate environment and quality caregiving involves. Staff would model positive interactions with the children.

The last strategy to be used in this project, was to be a notebooks for each participant. The notebook would give each pregnant and parenting teen easy access to all the material covered during the project. It would include health and safety information, parent-child interaction, a chart of developmental milestones, and the resource directory so they could access social services.

Since the areas of parenting education to be used for this project were to come directly from survey results (see Appendices G, I, and K), individual needs would be met using large group, small group, and individual activities. The focus of the project would be health and safety, parent-child interaction, developmental stages of children, and accessing social services.

Constant coordination appeared to be the most difficult portion of the project. The project would serve three populations of pregnant and parenting students; one high school would have at least 40 students; the second high school would have at least 15 participants; and the third population would have 15 parents who had children in the child care center but were not enrolled in a parenting class.

Since the child care center would have limited space, participants were to come to the center in small groups which would require close scheduling. If parenting classes were unable to meet for a scheduled project at the center, an alternate date would be set. Before or after school visits to the center by individuals would be explored for resource library checkouts if necessary.

The writer was concerned with the number of resources that would be necessary to serve all three populations. If resources were to become limited, a class would need to re-schedule when more resources would be available. The writer would limit checkout to one item if necessary.

Each parenting classroom would be visited by the writer each week. Homework forms were to be returned during that time or returned to the classroom teacher. Some forms were to be distributed and collected at the child care center as teens checked out resources. During week 5 of implementation, all homework questionnaires, completed up to that point, would be due to the writer or the teachers. The writer would post the homework returns to the master check list. At this time the master list would be monitored for participation by the students. If the writer feels more participation would be necessary, during weekly visits to the classrooms, the writer would reiterate prize information and distribute the weekly prizes at that time. Since this was to be a contest, the writer did not anticipate any problem with participation and hopefully, students would remain excited throughout the contest.

A pre and post-test instrument would be developed prior to the implementation period to ensure it would be administered during the first week. The pre-test would include questions concerning appropriate interaction with children, home safety, vehicle safety, recognizable stages of development, and knowledge of social service agencies. These tests would provide evaluation by measuring the degree of change in the two instruments' answers. They would determine if the four objectives from Chapter III were met.

The homework questions would be designed to further enable the writer to learn to what degree the students were spending

time with their children, the quality of time spent, and the appropriateness of the activities used. Some questions would provide a narrative of events during such activities as bathing the child, playing with the child, or reading to the child. This evaluation would be completed throughout the first eight weeks of implementation.

During weeks 8 and 9, the post-test would be administered. This test would give the students an opportunity to provide correct answers for any questions they did not know during the pre-test. The test would prove how much the student learned over the period of implementation.

The child care center staff would complete classroom evaluations of the students. These evaluations would be completed during weeks 9 and 10. Students would work in pre-arranged classrooms in the child care center. They would use the information learned during the first eight weeks to provide appropriate activities for the children in the class. The evaluation instruments were to be developed prior to implementation. The instrument would include indicators such as how the student communicated with the child, whether the parent enjoyed the activity, if the child enjoyed the activity, if the student's involvement was continual, and how the teen provided for health and safety needs of the child. The students would know, prior to lab time, the areas to be evaluated. Each student would show good habits from knowledge gained during the project.

This project would take 10 weeks to implement. During this time period, each lesson would be carefully planned and all dates would be confirmed prior to implementation.

Ten week calendar plan for implementation

Prior to implementation of this project, the writer would meet with the parenting teachers from two local high schools. Dates would be set for upcoming activities and coordination of schedules. These dates were to be confirmed one week prior to implementation. Any changes in plans would be noted at this time.

The resource materials would be ordered prior to implementation to assure delivery, and set up would be completed prior to the first week. One vendor would be used if possible to alleviate working with several companies' schedules for delivery.

During the ten weeks of implementation (see Appendix L for Ten Week Implementation Plan), there would be a one week spring break and three days for the Easter holiday. These weeks would allow time to develop curriculum and any documentation tools necessary. The plan would indicate the week to week activities necessary for completion of the project. Other detailed items would be placed on a daily calendar to assure no tasks were deleted.

At the end of the implementation period, the pregnant and parenting teens would receive a progress evaluation so they would know how much the group had learned during the project. The Career and Technology Director would be given outcome information

about the project and the results of tests and observations. At the end of this plan the project would be complete.

Chapter V

Strategy Employed

Action Taken and Results

As previously mentioned in Chapter IV, several activities needed completion prior to implementation. These activities proved significant throughout the project. Actually, the writer found that many of the activities scheduled during implementation needed to be completed prior to implementation.

Prior to implementation, the writer met with the parenting education teachers from two high school campuses. These two campuses included the three classes of pregnant and parenting students who participated in the project.

The writer and teachers compared calendars and determined the days students would attend class at the child care center, the length of time needed for activities, and the days the director would visit the campuses. The writer provided each teacher and staff member a copy of Chapter IV and included the implementation plan. The teachers were eager to implement some hands-on activities in their curriculum and agreed that the pregnant and parenting students needed practice to increase positive parenting skills. All dates were confirmed the week prior to implementation.

During the first week of the project, the writer met with all three parenting classes that participated. As previously noted in Chapter IV, the project was designed as a contest to encourage the student's participation.

The contest was explained to each class, and each student received a flier that explained the basics of the program (see Appendix M for Contest Flier). All forms for this meeting were generated the week before the class met. The writer discussed the rules of the contest (see Appendix N for Contest Rules) and explained how the students could receive prizes (see Appendix O for How the Contest Works). A schedule for each week of the program was shared with each student and the parenting teachers (see Appendix P for schedule of Events). The schedule matched with the calendars that had been prepared by the writer and parenting teachers.

Each student received a letter for their parent to sign (see Appendix Q for Parent Letter). The letter explained the project and the part parents played in the program. The letter asked that each parent sign and return the letter to the parenting teacher or the writer.

A pretest was administered to each student (see Appendix R for Pretest). Students were advised that a pretest, posttest, and classroom observations were required of each student participating in the contest. The writer distributed and collected the pretest which took approximately 20 minutes to complete. This test was compiled the week prior to implementation and included questions from the units that were discussed during the following eight weeks.

Four units were presented during the ten-week implementation period. They were parent-child interaction, health and safety,

developmental milestones and accessing social services. The first unit, parent-child interaction, took a great deal of preparation and time both prior to implementation and throughout the entire project. Parent-child interaction included daily activities throughout the project period. The resource toy library was the first component of the parent-child interaction unit.

Two weeks prior to implementation, the writer received the $1900 grant necessary to purchase resource materials for the toy library. The writer used one vendor and worked with one company representative to shorten the time necessary to acquire the toys.

The sales representative helped set up several resource libraries in the past and suggested that he provide hanging bags for each toy at no cost. He also suggested he take responsibility for providing information about each toy, its uses, the age child the toy was designed for, developmental areas, and activities.

The writer asked four classroom teachers to submit a list of developmental toys from the company's catalog. The items totaled approximately $500 from each classroom. Toys were chosen from these lists, a requisition was submitted, and a purchase order sent to the company. An additional list of items purchased was sent to the sales representative. He promised delivery within three days and agreed the information for the activity cards would be sent immediately.

Within four days the toys arrived. Sixteen boxes covered a small multi-purpose room, but there was no sign of storage bags for the toys or the computer lists of activity cards. The writer

called the sales representative for several days but the calls were not returned. No attempt was ever made by the sales representative to return calls to the writer.

The writer called a second company and had clear sealable plastic bags delivered in overnight mail. The bags arrived the next day and the work began. The packing lists contained a total of 154 toys.

As the writer looked at all the toys, she realized it would take a miracle for the work to be completed on time. The next day a miracle came in the form of a phone call. The week before, an article about the teen parenting program appeared in a prominent state-wide newspaper. The woman on the phone asked to make an appointment with the writer to discuss the possibility of serving as an intern for the program as she needed 200 community hours for a class she was completing. She read the article in the newspaper and was impressed with the program. They met and the intern began a 15 hour work week immediately.

The toys were unboxed, inventoried, and separated by age groups. Inventory information for each toy was placed in the computer's data base (see Appendix S for Toy Inventory Forms). Each toy was assigned and marked with a name and identification number. This number identified the toy in the computer. The toys were then placed in a clear sealable plastic bag and an activity card was made for each toy. Since these cards were not provided by the vendor, the child care center staff worked before school, during lunch breaks, and after wok completing cards for each toy.

The card included the name of the toy, the identification number, the desired age group, the area of development, and activities parents could provide their children (see Appendix T for Toy Library Activity Cards Example). Using the computer, the intern keyed all the information for activity cards into the computer. The activity cards were printed on four different colors of card stock according to age (1) pink identified 0-6 months, (2) blue identified 6-12 months, (3) green identified 12-18 months, and (4) yellow identified 18-36 months. These cards were placed on the inside of each clear plastic bag and taped with clear tape making information clearly visible from the outside of the bag.

The resource toy library was nearly completed. While the writer was away on an out of town business trip, one of the child care center staff members asked her husband (a cabinet builder) to look at the storage space available for the toys. He offered to donate $600 worth of additional cabinets to house the toys. After the writer returned, the family donating the cabinets wrote a letter (see Appendix U for Donation Approval Letter) to the deputy superintendent regarding the donation which was approved by the school district.

The cabinets were ready the following week and the toys were shelved by age group. Each cabinet was labelled according to the age group it served. A poster was made and hung by the toy library that indicated the age groups and color coding of the activity cards.

A computer data base for used to inventory the items became the form used to check toys out and in. Copies of a blank form were placed near the toy library for easy access by students.

Parents needed practice interacting with their children. The resource toy library was one of the methods used in the parent-child interaction unit to increase quality time spent with their children and build positive parenting habits. When students selected toys for their children, they filled out the checkout form with the item number, name of the toy, campus, student's name, and checkout date of the toy. The form was then given to the writer and keyed into the computer as a checked out toy (see Appendix V for Resource Library Checkout Form).

An empty box was placed in the writer's office as a return box for the toys. Each day the writer checked the toys in by finding the identification number on the toy and matching it to the item in the data base. The check in information was keyed in the computer and the toys were taken to the classroom that corresponded with the age on the toy description. The classroom student workers counted toy pieces to assure toys were complete and unbroken. Each toy was sanitized and returned to the shelf for checkout.

Each student was asked to fill out a home assignment form for each toy checked out (see Appendix W for Home Assignment Form Toy Library). The forms were signed by the students' parents and returned to the office. All home assignment questionnaires were

developed prior to implementation, copied, and placed in the resource room.

The intern prepared a posterboard chart and listed each participant's name. As a student completed assignments, a stamp was placed next to his or her name. The stamps were totaled at the end of each week to determine prize winners for the week. This was a very time consuming job but the intern was diligent.

The second component of the unit, like the first component encouraged parent-child interaction. This time a child's book library was used. As mentioned in Chapter IV, a book library was set up at the child care center by librarians from a nearby high school. The pregnant and parenting teens checked out books and read to their children. Again, they filled out home assignment forms and returned them to be stamped on the chart (see Appendix X for Home Assignment Form Reading Library).

The third component of the parent-child interaction unit was bathing. Each teen parent could bathe their baby daily, fill out the home assignment form, and have their parent sign it. The students could fill out as many as seven bathing forms per week (see Appendix Y for Home Assignment Form for Bathing Babies).

The results of the parent-child interaction unit indicated increased interactions. A total of 214 toys were checked out during implementation of the unit. Three hundred twelve books were checked out and read to babies and a total of 493 baths were documented during this period. Of the total participants, 58% of school number one, period one, 85% of school number one, period

two, and 79% of school number two, period one participated in the parent-child interaction portion of the project (see Appendix Z for Parent-Child Interaction Unit Results). The average participation was 74%.

Some problems surfaced during implementation. The pregnant students felt left out although the writer had suggested they come to the center before school, during lunch, or after school to interact with children by reading or playing with toys. The writer also suggested they use a friend's child, neighbor, or family member for the interaction. One pregnant student used a neighbor's child for the project. She bathed the child each day, read to her, and played with her. The mother of the child signed the student's assignment forms.

In order to give pregnant students more opportunities for interaction, the writer suggested pregnant students read to their unborn child, evaluate the toys in the resource library, and bath a doll at home. All forms still needed to be signed by the student's parents.

Several parenting students also presented challenges. One student did not want to participate. She said she had no time because she worked and attended school. The writer spoke with her and suggested a schedule that would give her opportunities for quality time with her child. The writer suggested she read to her child to and from school on the bus or play with her child with a toy from the resource library. It was further suggested that on days she had class at the center, since she arrived early, she

could interact with her child. She did not use these suggestions. She then went to her parenting teacher and said she could not participate. Her teacher said, "You have to take a few minutes a day for your child." The teacher told the students they would be graded on their interaction. The student thought it over for a couple of days and then began checking out toys and books. Although she did not participate to the extent some students did, she was spending more time with her child than she had been previously.

Another student was a special education student. She had three children and was in the ninth grade but functioned at an elementary school level. She was very interested in the prizes. She checked out at least two toys and two books each day. The writer had limited students to one item of each, but made an exception in her case since she had more than one child. She continued to check out toys and books until one Saturday her house burned and they lost everything including the checked out books and boys. When she found a place to live, she again began checking out items.

A third student and her mom each blamed the other for lack of interaction on the part of the teen parent. The teen's mother wanted her daughter to have as normal a school year as possible and did not want her daughter to drop out of school activities. The teen was very active in sports, was very busy, and out of town a great deal of the time. The teen's mother took over as parent for the infant. The teen mom would try to interact with

her child, but by this time the child would not let the teen even feed her. The child wanted only her grandmother. The teen mom had no say over how the child was cared for and resented her mother taking over.

When this unit began, the teen mom began slowly checking out toys, then added books, and finally began bathing her baby each day. The baby is now spending more time with her mom and will spend the days during the summer with mom and the nights with her grandmother while mom works. This teen mom now feels capable of interacting positively with her child through practice and has begun a real relationship with her.

One student did not want to checkout toys after the first toy because she said her child did not want to give up the toy after one day. The writer suggested she either keep the toys for a longer period of time or after the child was in bed at night, put the toy in the diaper bag to return to the child care center the next day. The child was only 15 months old and could be easily redirected to another toy if neither of the other solutions worked.

The writer felt that students would stay enthusiastic about the contest and prizes. Checkout of books and toys always slowed down toward the end of the week, but following the distribution of prizes, the students were excited all over again.

Another problem was the distance one high school was from the center. The parenting teacher shuttled toys and books back

and forth and the writer delivered and picked up toys when she visited the classrooms. All of this was very time-consuming.

Some students felt that parents with children in the child care center had an edge over other parents. They felt center parents were in the facility and had better access to toys and books. The writer, teachers, and the intern shuttled toys to the other school and made special arrangements to give all students equal access to the resource materials.

The outcomes of this unit were very positive. The teachers felt the students benefitted by adding hands-on activities to the units they were teaching in the class. Many students interacted with their children who previously had spent little time with them. The students began even linking the type of toy they checked out with the book they checked out. One student checked out a barnyard animal mat that made animal noises when touched. She then checked out a book about barnyard animals to reinforce what the child learned with the toy.

The second week of project implementation was spring break for the school district. The writer contacted businesses for prize donations. Contacts and collections took several weeks to complete. The writer wrote a letter to businesses explaining the project (see Appendix AA for Business Letter). Some letters were mailed and others were hand delivered to the businesses. Some of the requests could be handled locally while others had to be sent to the home offices or by board of directors. The community was very generous with prizes resulting in a total of approximately

$2240 worth of goods and services (see Appendix BB for Community Donation Incentive List).

Each week the prizes were distributed to the classes. One first prize was given to each class for the student with the most stamps for the week. As previously mentioned, students received stamps each time they returned signed homework assignments for reading, bathing, or playing with their child. They also received stamps for each of the other three units they participated in. Each week a second prize was given in addition to five or six smaller prizes.

The students became competitive when they realized they could win free haircuts, manicures, and dinners in nice restaurants. These prizes were luxuries to many of the students. It was helpful that implementation occurred at the same time as senior prom. Many students planned ways to win the prizes they wanted. One student wanted to win a dinner for two so she could take her boyfriend before the prom. She worked very hard, bathed her baby every day, read stories daily, and checked out toys each day. She won the dinners and had a great time at the prom.

During this spirit of competitiveness, many students did not realize they were building positive parenting habits through practice interacting with their children. One would think that positive parenting skills were an added benefit to winning prizes, however, this method did motivate the students to participate.

The second unit presented was health and safety. During the first week of implementation, the health and safety unit was developed (see Appendix CC for Health and Safety Unit Outline). The students met in the resource room and the writer explained the unit and how they would receive stamps. The students were grouped in two groups. One group would go with the writer and the other with the intern. The first group followed the writer into the child care center classrooms and received a health and safety checklist. They were to look throughout the center, find all items on the checklist, and determine if the center was a healthy, safe environment (see Appendix DD for Child Care Center Health & Safety Checklist).

They worked in small groups and the writer helped point out items they were looking for. This activity served two purposes. Students were aware of what to look for in a child care center that is healthy and safe, and they learned what is necessary to provide a healthy safe environment. Each student was given a form to take home as an assignment. It too was a checklist to assure their home was healthy and safe and to make any changes they deemed necessary (see Appendix EE for Home Health & Safety Checklist). The students received two stamps for participation in this unit.

The groups were composed of pregnant students and parenting students. Some of the students had children in the center and some did not. While walking through the center, as students had questions, some of the center parents would explain why the

center operated in a certain manner. One center parent explained that infants were only placed on their back or sides in the cribs to lessen the chances of Sudden Infant Death Syndrome (SIDS).

The second group of students stayed with the intern in the resource room. The intern provided a short film on car seat safety. Following the video, the students retreated outside with car seats in hand and practiced fastening the car seats in the cars. All students received a stamp for this activity. Each student was also given a home assignment form for transportation (see Appendix FF for Home Assignment Transportation Checklist). The two groups switched and the unit was presented again. The writer feels a closer bond was made with these students following this unit.

During the second week of implementation, the developmental milestones unit was designed (see Appendix GG for Developmental Milestones Unit Outline). The classroom teachers had presented a class on milestones. The object of the unit presented by the writer titled "Where's The Baby"? was to give students practice identifying stages of development.

During week six of implementation, each class met in the resource room and divided into four small groups of five to six students. Each group was designated an age group. As a review of the stages of development they learned in class, each group was given a list of ages and stages (see Appendix HH for Stages of Development). A chart of the developmental areas of social, physical, cognitive, and language were written on a white board.

Each group was asked to list by developmental area where children might be expected to be developmentally at a certain age. Students were instructed that all children are individuals and these are only indicators used to help track development of children.

Next, one group at a time was sent into the center to find a specific age child. All children in the center had been switched so each room had mixed age groupings. These changes were made as much as licensing standards allowed and for a short period of time. The babies diapers were marked with each child's age but the students did not know this.

One group at a time observed children in the classrooms. They used the developmental milestones handouts to decide which child was the age they were looking for. When they chose a child, they returned to the large group and a caregiver brought the child in. The writer asked the group what did they observe that led them to believe they had chosen the correct age. The students explained why they had chosen the child and related the milestones they had found. The caregiver revealed the age of the child written on the diaper. Of the three groups participating in this activity, two groups chose correctly 75% of the time and one group chose correctly 100% of the time. The students again received a stamp for this activity.

During week number three, the writer updated a social services resource directory and a copy was printed for each student (see Appendix II for Student Resource Directory). A

notebook was also assembled for each student which included the information from each unit presented during project implementation (see Appendix JJ for Sample Notebook Information).

During week number eight, the final unit was presented. It was titled "Who Ya Gonna Call"? The unit was designed to help students learn to access social services (see Appendix KK for "Who Ya Gonna Call" Unit Outline). The students met in the resource room and the intern distributed the notebooks and resource directories. The writer explained each section of the resource directory to the students. The classes were divided into four small work groups. Each group was told they were not social workers and were responsible for accessing social services for families.

Each group was given a scenario (see Appendix LL for "Who Ya Gonna Call" Unit Scenarios). The students read the scenario and answered the questions (see Appendix MM for "Who Ya Gonna Call" Unit Questions). Each group shared the scenario and their solution to help the families. This activity was designed to give the students practice accessing social services. They were very meticulous in finding all the services necessary in each scenario and were eager to share their findings. Again, they all received a stamp for their participation.

A monthly newsletter for parents which contains parent information was provided for the 40 parents who had a child in the child care center. Some of these parents were in the parenting classes and some were not. The writer decided to

include all center parents so even if they were not enrolled in a parenting class, they could receive parenting information. The newsletter begins during pregnancy and continues each month until the child reaches three years old (see Appendix NN for Samples of Monthly Newsletters).

During the second week of implementation, questions were developed for each monthly newsletter and copies of the newsletters and the questions were made (see Appendix OO for Samples of Monthly Newsletter Questionnaires). The writer met with classroom caregivers in the child care center and discussed the newsletters. It was decided that during weeks 7-10, the caregivers would distribute a newsletter and questions to each parent in the child care center. Each parent received a newsletter that corresponded with the age of their child.

Each parent read the newsletter and answered the questions. When the questionnaires were returned and graded, the parents received a dozen diapers that had been donated to the center (see Appendix PP for Sample Monthly Newsletter Key). This activity helped parents get into the habit of reading the newsletters. The distribution of the newsletters will be continued for each parent until their child is 36 months old.

Week 8 brought closure to the four units with a party. The students enjoyed breakfast burritos, fruit, and juice while the grand prizes were awarded. The project posttest was administered and collected. All remaining prizes were distributed and nearly everyone received at least one.

Prior to implementation, the students visited the center on at least two occasions. Through observing the students, the writer and caregiving staff determined that the students were content to talk among themselves and rarely interacted with the children. When they did interact, many used negative language. Only one student read to the children. At least 90% of the students had to be reminded to wash their hands prior to making contact with the children. When the students did choose toys, the majority chose what they liked, not what was necessarily appropriate for the child.

The students were not quick to wipe noses or change diapers. The only area they scored well in was feeding the children however, during feedings, they again talked among themselves instead of interacting with the children. At least 75% of the students scored low in parent-child interaction.

During week 9 and 10, the students visited the child care classrooms and participated in the final interactions with the children. A total of 47 out of 58 students were observed by child care staff. The writer had designed an evaluation form (see Appendix QQ for Child Care Classroom Evaluation Instrument) and the high school teachers discussed the evaluation form with the students prior to their visiting the center. They explained the students would receive a grade for their interaction in the center and to be prepared.

The pregnant and parenting students interacted well with the children. They read, played with the children, changed diapers,

and fed babies. The students enjoyed the center and felt comfortable in the center. All the students did well and received excellent grades on their evaluations. Out of a possible score of 100, all but two students received grades between 80-100% and 35 of the 47 scored between 95-100%. Overall, the objectives were met using these scores however, individual objectives could not be measured due to the design of the instrument.

A total of 58 students participated in the project and an additional 20 participated in only the newsletter portion of the project. It was easily recognizable, following the pretest, that students could not increase their knowledge by 50% to meet the objectives based solely on the pre and posttest results. The students scored very well on the pretest. They scored an average of 78% on the pretest and increased their scores by 4-6% on the posttest to a total of 82-84%.

Since the high school classroom teachers had taught the four units prior to implementation, it was understood the students should score well on the pre and posttest. The writer feels the 4-6% increase in scores was due to hands-on experience. The writer was most interested in how the students used the information and how much the practice of hands-on experience would help the students. The evaluations proved that experience, practice, and positive habit forming were important ingredients for positive parenting to occur (see Appendix RR for Child Care Classroom Evaluation Results).

The goal for this project was easily attainable since pregnant and parenting students were provided easy access to parenting classes and hands-on experiences. The goal was further obtained through the research provided by the writer which led to a multi-component solution and determined what parenting education information and components were necessary for teens to be successful parents.

This project sought to employ pieces of several projects listed in the references. Just as Parents as Teachers (PAT) (Parents as Teachers National Center, Inc., 1993) provided resources and toys for families, this strategy used a resource library for parent-child interaction. The writer feels this strategy was very successful. Although the Pat Program taught classes in parenting one time per month, the classes taught did not necessarily coincide with the hands-on experiences provided during the home visits. Also, using a child care center as a lab enabled pregnant and parenting teens to experience several different age groups of children, not just their own child. Students were able to observe what their child may be like in a few months or a year. The close collaboration between the teachers, the child care center, and the writer enabled students to benefit by providing written, verbal, and hands-on parenting information to enhance parenting skills.

In the development model (Catrone & Sadler, 1984), parenting classes were designed for teen parents. These classes did not include hands-on experiences for teens to practice their skills.

The pretest in the writer's model proved that parents learned the parenting information through the classroom, but it took practice and repetition to enhance the parenting skills. As previously mentioned in Chapter II, teens interaction with their children was not appropriate or engaged in often enough (Nath, Borkowski, Whitman, & Schellenbach, 1991).

The writer believes that in order for teen parents to benefit from parent education, a program of varied components must be provided. Due to student's cognitive level, pregnant and parenting teens must have a reason to learn parenting skills. Linked with this motivation must be classroom education and hands-on experiences with children. Practice and repetition are essential as is close collaboration with classroom teachers, caregivers, directors, and pregnant and parenting students.

Week number 10 was used to collect the evaluation forms and other information to make determinations concerning the success of the project. The writer believes the outcomes to be positive for pregnant and parenting teens. Statistics from the observations substantiate that the objectives were met overall but not individually. This project is replicable but needs commitment on the part of the organizers and a great deal of man-power.

Chapter VI

Conclusion

Implications and Recommendations

As previously mentioned in Chapter V, students enjoyed the project. Perhaps the uniqueness of the approach helped to provide positive outcomes. The students learned even when they were not cognizant they were doing so. The time students spent with their children increased significantly and they felt comfortable interacting. Their knowledge of the child care center, appropriate toys, health & safety, developmental milestones and social services increased adequately to meet the goal for the project.

The self-esteem of the teens raised as it does anytime one learns to do something well. It would be conceivable that less child abuse may occur when teens interact positively with their children and that the outcomes for the children will be positive due to increased interaction. It also occurred to the writer that students learn more when they enjoy the activity.

Most of these teenagers will be faced with the need for childcare in the future. Their time spent in the child care center will be valuable when choosing quality child care for their children. They learned what to look for in a child care center.

As the students work toward self-sufficiency, the social services unit will surely help them. They know how to help themselves and their children. They have been empowered to care

for their children effectively and look to the future with anticipation rather than dispair.

It was evident that a host of components was necessary for the project to succeed and for the teens to emerge with adequate practical parenting skills. These components linked with the resources of staff and the community enabled this practicum to be successful.

The writer recommends when replicating this project, one should keep in mind factors that could make the project run smoothly. Small groups of students would be easier to manage and students should be chosen from one location or school at a time. This will alleviate problems with a lot of travel back and forth to different schools. One should also determine the time during the year when the most time is available to implement the project. The writer found that the time chosen for this project was very busy with many deadlines. Also choose a time when the project will not be interrupted by the school calendar. The writer learned they are not really listening when they are concentrating on getting out of school for spring break.

The writer had originally intended to monitor the classes one time during the project for participation, however, now the writer feels weekly monitoring would work best and would keep the students excited about the project. The high school classroom teachers are busy with their responsibilities and it is difficult for them to keep reminding the students about the contest and to determine what each student is doing in the project.

It is most important to secure several volunteers at least four weeks prior to implementation of the project. Most of the tasks should be completed prior to implementation and these volunteers can assure they are completed. The toy and book library should be completed prior to implementatation as well as all documentation that accompanies these libraries. All units should be completed and copies made. The most time-consuming task was collecting incentives. One should begin at least six weeks prior to implementation of the project to assure all prizes are collected in time for the first week giveaways.

Undoubtedly, the positive outcomes of this project will aid families, children and the community in years to come through increased parenting skills, increased self-esteem, reduced child abuse, and positive effects for children both developmentally and emotionally. For those students who chose not to participate in the project, the writer is reminded that one can only help those who wish to help themselves.

Each area of the country may vary, so research will need to be done prior to replicating this project to determine the needs in one's area. A survey should be provided to pregnant and parenting teens similar to the one provided in this project to determine particular needs.

As other programs and communities identify similar problems, this project can provide the measures necessary to help prepare pregnant and parenting teens for the future. Although the needs may change from one site to another, all the components in this

project will add to the success of projects.

As a direct result of this project, this project will continue to be utilized in the Pregnancy and Parenting Program each year and the high school classroom teachers wish to incorporate it into their curriculum. Meetings between the director and classroom teachers will be planned in early September to plan the program for the 1997-98 school year. During this meeting and subsequent meetings, additional units of study will be proposed to extend the project and curriculum.

The writer feels the information gained in this project can prove to be very valuable to similar programs. This practicum report will be sent to the director of the Pregnancy and Parenting Program's state office and she will decide whether to disseminate the information to as many as 200 other programs throughout the state.

The project strategy was recently incorporated into an application for an Early Head Start Grant for the school district where this practicum took place. If the district is granted funding, the practicum project will be revised and used in the parent involvement portion of the Early Head Start Program.

The Deputy Superintendent for curriculum in the school district will receive a copy of the report of this project as will the writer's supervisor, the Director of Career and Technology. Additionally, a copy will be given to the supervisor of the local child protective agency in the city in which the problem appeared. Since this agency provides parenting training

and was very interested in the project when introduced to it prior to implementation, the agency may be able to use some of its components.

If any of these entities are interested in using the strategies provided in this report, the writer will provide a question and answer session to help those wishing to replicate the project. Copies of the report will be provided to anyone requesting the informaiton.

It is the hopes of this writer that in years to come, the community, families, and children participating in this program will benefit. Through increased self-esteem, increased parenting skills, positive outcomes for children, and reduced child abuse, the community will begin to understand the needs of pregnant and parenting teens and how to positively impact their lives through a multi-component program.

REFERENCES

Abilene Independent School District, Special Services Department. (1996, December, 11). Enrollment report and ethnicity report. Abilene, TX: Author.

Adolescent Health Task Force. (1991, April). Position paper on adolescent sexual activity. Austin, TX: Texas Medical Association.

Adolescent Sexuality Task Force. (1995, February). Teen pregnancy statistics subcommittee report. Abilene, TX: Author.

Barratt, M. S., Roach, M. A., & Colbert, K. K. (1991). Single mothers and their infants: Factors associated with optimal parenting. Family Relations, 40, 448-454.

Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. Family Planning Perspectives, 24, 1-19.

Catrone, C., & Sadler, L. S. (1984). A developmental model for teen-age parent education. Journal of School Health, 54(2), 63-67.

Chase-Lansdale, P. L., Brooks-Gunn, J., & Palkoff, R. L. (1991). Research and programs for adolescent mothers: Missing links and future promises. Family Relations, 40, 396-403.

Crockenberg, S. (1987). Predictors and correlates of anger toward and punitive control of toddlers by adolescent mothers. Child Development, 58, 964-975.

Kaulfus, S. (1996, October). Pregnancy, Education, and Parenting Program fact sheet. San Antonio, TX: Pregnancy, Education, and Parenting Program.

Koniak-Griffin, D., Verzemnieks, I., & Cahill, D. (1992). Using videotape instruction and feedback to improve adolescents'mothering behaviors. Journal of Adolescent Health, 13(7), 570-575.

Miller, S. H. (1984). The relationship between adolescent childbearing and child maltreatment. Child Welfare, LXIII(6), 553-557.

Nath, P. S., Borkowski, T. L., Whitman, T. L., & Schellenbach, C. J. (1991). Understanding adolescent parenting: The dimensions and functions of social support. Family Relations, 40, 411-420.

Parents as Teachers National Center, Inc. (1993). Parents as Teachers in the Child Care Setting. (Available from the Parents as Teachers National Center, Inc., 9374 Olive Boulevard, St. Louis, MO 63132)

Passino, A. W., Whitman, T. L., Borkowski, J. G., Schellenbach, C. J., Maxwell, S. E., Keogh, D., & Rallinger, E. (1993). Personal adjustment during pregnancy and adolescent parenting. Adolescence, 28(109), 97-122.

Porter, C. P. (1990). Clinical and research issues related to teen mothers' childrearing practices. Issues in Comprehensive Pediatric Nursing, 13, 41-58.

Pregnancy, Education, and Parenting Program--Teen parenting statistics [Electronic data base]. (1996). Abilene, TX: Abilene Independent School District [Producer and Distributor].

Retreat Planning Committee. (1994, October). Abilene's children today resource handbook. Abilene, TX: Community Foundation.

Reynolds, G. (1995). Improving the parenting skills of teenage mothers in a school based child care center (Report No. PS024251). Ft. Lauderdale, FL: Nova Southeastern University. (ERIC Document Reproduction Service No. ED395689)

Roosa, M. W. (1991). Adolescent pregnancy programs collection: An introduction. Family Relations, 40, 370-372.

Sommer, K., Whitman, T. L., Borkowski, J. G., Schellenbach, C., Maxwell, S., and Keogh, D. (1993) Cognitive readiness and adolescent parenting. Developmental Psychology, 29(2), 389-398.

Texas Education Agency. (1996, Spring). Request for Proposal for the Pregnancy Education Parenting Program. (Available from the Texas Education Agency, Austin, TX.)

vonWindeguth, B. J., & Urbano, R. C. (1989). Teenagers and the mothering experience. Pediatric Nursing, 15(5), 517-520.

Zuravin, S. J. (1988). Child maltreatment and teenage first births: A relationship mediated by chronic sociodemographic stress. American Journal of Orthopsychiatry, 58(1), 91-103.

APPENDIX A

BUREAU OF VITAL STATISTICS REPORT

PUBLIC HEALTH REGION 02

LIVE BIRTHS TO TEENAGE MOTHERS BY PLACE OF RESIDENCE - 1995

221

AGE OF MOTHER	TOTAL	DELIVERED BY PHYS.	CNM	MIDWIFE	OTH/UNK	DELIVERED AT HOSP.	HOME	OTH/UNK	UNMARR. MOTHER	LENGTH OF PREGNANCY IN WEEKS 20-23	24-27	28-31	32-37	38-42	43+
-12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	3	3	0	0	0	3	0	0	3	0	0	0	0	3	0
14	4	4	0	0	0	4	0	0	4	0	0	0	1	2	1
15	23	23	0	0	0	23	0	0	20	0	0	1	6	14	2
16	59	55	3	0	1	58	1	0	44	1	0	2	9	42	5
17	88	85	3	0	0	88	0	0	72	0	1	0	14	64	9
18	84	82	1	1	0	83	1	0	56	0	0	1	9	65	9
19	116	111	3	1	1	115	1	0	62	0	0	0	25	75	16
TOTAL	377	363	10	2	2	374	3	0	261	1	1	4	64	265	42

AGE OF MOTHER	FIRST MONTH OF PRENATAL CARE NONE	1-3	1	2	3	4	5	6	7	8	9	UNSPEC.	CONGENITAL MALFORMATION YES	UNSPEC.
-12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	1	1	0	0	1	0	0	0
14	0	1	0	1	0	2	0	0	1	0	0	0	0	0
15	2	10	0	3	7	4	3	0	1	3	0	0	0	0
16	1	25	0	8	17	11	11	5	1	5	0	0	1	0
17	5	45	5	6	34	13	12	5	4	2	2	0	2	1
18	1	33	6	11	16	22	13	8	4	2	1	0	0	0
19	3	63	9	18	36	21	12	7	4	5	1	0	0	2
TOTAL	12	177	20	47	110	73	52	26	15	17	5	0	3	3

AGE OF MOTHER	LIVE BIRTH ORDER 1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	10TH	11 +	PLURALITY SINGLE	TWIN	OTHER
-12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	3	0	0	0	0	0	0	0	0	0	0	3	0	0
14	4	0	0	0	0	0	0	0	0	0	0	4	0	0
15	23	0	0	0	0	0	0	0	0	0	0	23	0	0
16	56	2	1	0	0	0	0	0	0	0	0	59	0	0
17	65	23	0	0	0	0	0	0	0	0	0	84	4	0
18	64	16	3	1	0	0	0	0	0	0	0	84	0	0
19	76	31	9	0	0	0	0	0	0	0	0	116	0	0
TOTAL	291	72	13	1	0	0	0	0	0	0	0	373	4	0

AGE OF MOTHER	BIRTH WEIGHT IN POUNDS AND OUNCES UNDER 1-2	1-2 2-3	2-4 3-4	3-5 4-6	4-7 5-8	5-9 6-9	6-10 7-11	7-12 8-13	8-14 9-14	9-15 11-0	11-1 & OVER
-12	0	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	3	0	0	0	0
14	0	0	0	0	0	0	3	1	0	0	0
15	0	0	0	1	1	7	9	3	2	0	0
16	0	0	0	1	3	10	36	7	1	1	0
17	0	0	0	4	5	23	37	15	4	0	0
18	1	0	0	1	5	11	39	24	2	1	0
19	0	0	0	3	4	20	49	34	5	1	0
TOTAL	1	0	0	10	18	71	176	84	14	3	0

BEST COPY AVAILABLE

PUBLIC HEALTH REGION 02

LIVE BIRTHS BY PLACE OF RESIDENCE - 1995
221

RACE-SEX	TOTAL	DELIVERED BY PHYS.	CNM	MIDWIFE	OTH/UNK	DELIVERED AT HOSP.	HOME	OTH/UNK	UNMARR. MOTHER	LENGTH OF PREGNANCY IN WEEKS 20-23	24-27	28-31	32-37	38-42	43+
WNSSM	659	628	23	4	4	654	4	1	139	0	1	4	88	520	46
WNSSF	618	582	26	4	6	612	4	2	125	1	2	3	58	502	52
WSSM	229	223	3	0	3	229	0	0	96	1	1	2	38	169	18
WSSF	209	203	2	0	4	207	2	0	78	1	1	5	20	162	20
NM	132	126	5	0	1	131	0	1	71	0	0	2	20	101	9
NF	118	115	1	1	1	117	1	0	67	2	1	2	15	82	16
TOTAL	1,965	1,877	60	9	19	1,950	11	4	576	5	6	18	239	1,536	161

RACE-SEX	FIRST MONTH OF PRENATAL CARE NONE	1-3	1	2	3	4	5	6	7	8	9	UNSPEC.	CONGENITAL MALFORMATION YES	UNSPEC.
WNSSM	4	494	103	200	191	84	37	20	12	7	0	1	8	3
WNSSF	5	477	83	208	186	68	29	20	7	9	1	2	4	4
WSSM	3	125	24	45	56	36	39	13	7	5	1	0	1	0
WSSF	5	109	10	43	56	36	28	9	8	10	2	2	0	0
NM	3	79	10	26	43	21	12	8	4	3	2	0	1	1
NF	0	71	13	23	35	25	12	5	4	0	1	0	2	0
TOTAL	20	1,355	243	545	567	270	157	75	42	34	7	5	16	8

RACE-SEX	LIVE BIRTH ORDER 1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	10TH	11 +	PLURALITY SINGLE	TWIN	OTHER
WNSSM	281	229	100	40	7	1	1	0	0	0	0	651	7	1
WNSSF	284	204	89	31	7	1	0	2	0	0	0	606	10	2
WSSM	97	68	39	17	3	3	1	0	1	0	0	227	2	0
WSSF	74	63	42	19	7	1	1	1	1	0	0	197	12	0
NM	54	46	19	9	3	1	0	0	0	0	0	132	0	0
NF	52	38	14	11	2	1	0	0	0	0	0	118	0	0
TOTAL	842	648	303	127	29	8	3	3	2	0	0	1,931	31	3

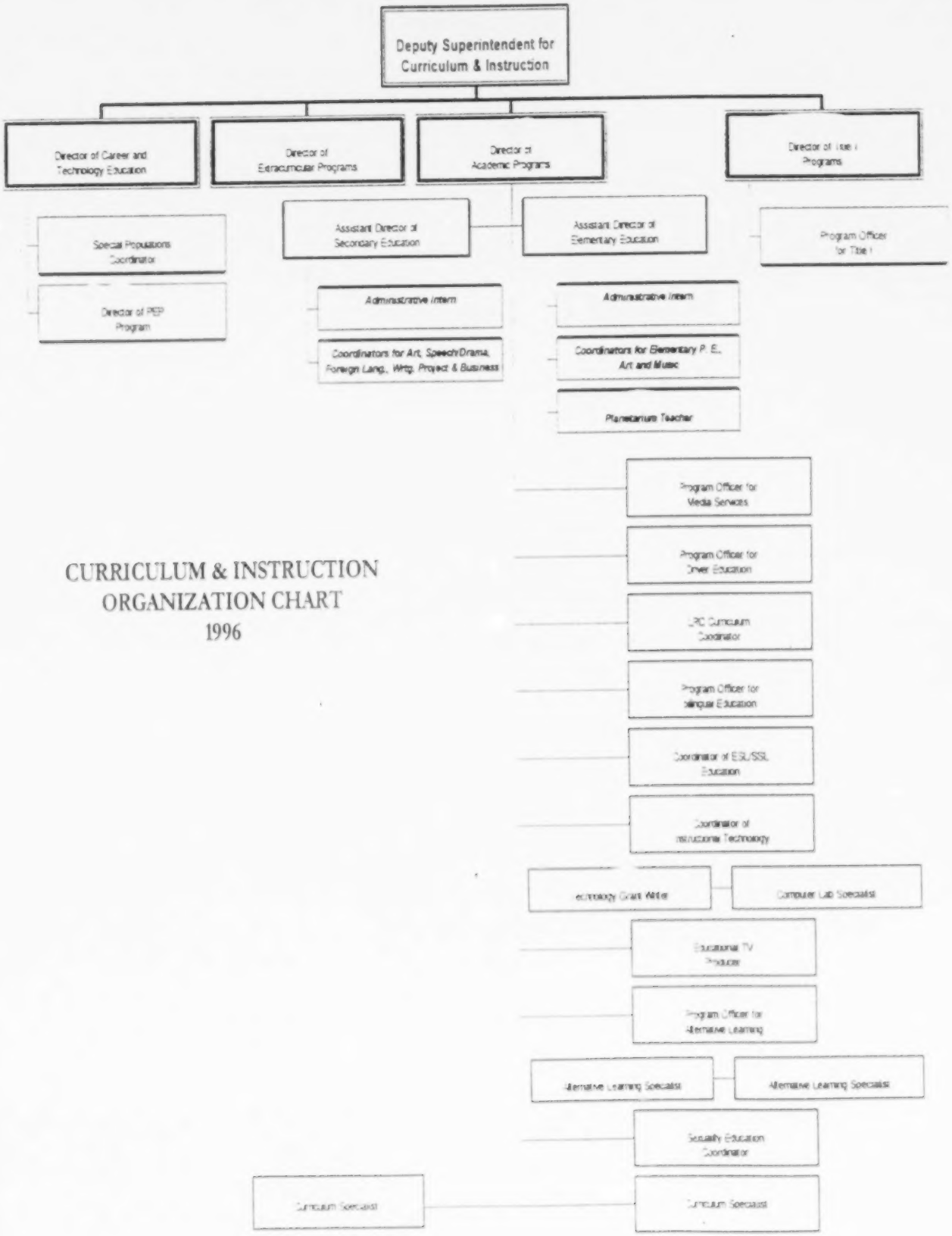
RACE-SEX	BIRTH WEIGHT IN POUNDS AND OUNCES UNDER 1-2	1-2 2-3	2-4 3-4	3-5 4-6	4-7 5-8	5-9 6-9	6-10 7-11	7-12 8-13	8-14 9-14	9-15 11-0	11-1 & OVER	UNSPEC AGE	AGE OF MOTHER -20	-12	12
WNSSM	2	3	2	8	23	82	252	207	69	10	1	0	92	0	0
WNSSF	1	2	2	11	24	97	254	174	45	6	2	0	87	0	0
WSSM	1	1	0	6	13	35	87	68	13	5	0	0	72	0	0
WSSF	1	2	1	5	9	44	83	57	6	1	0	0	60	0	0
NM	1	0	0	1	2	33	48	42	3	1	1	0	37	0	0
NF	2	0	0	2	11	27	52	18	6	0	0	0	29	0	0
TOTAL	8	8	5	33	82	318	776	566	142	23	4	0	377	0	0

RACE-SEX	AGE OF MOTHER - CONTINUED 13	14	15	16	17	18	19	-15	15-19	20-24	25-29	30-34	35-39	40-44	45+
WNSSM	0	0	5	17	18	12	40	0	92	206	190	119	42	8	0
WNSSF	0	2	4	7	22	27	25	2	85	198	182	119	28	4	0
WSSM	1	0	7	14	16	19	15	1	71	73	54	24	5	1	0
WSSF	0	1	6	14	14	12	13	1	59	68	43	30	7	1	0
NM	1	1	1	4	9	7	14	2	35	44	33	13	5	0	0
NF	1	0	0	3	9	7	9	1	28	55	23	8	3	0	0
TOTAL	3	4	23	59	88	84	116	7	370	646	525	313	90	14	0

BEST COPY AVAILABLE

APPENDIX B

ORGANIZATIONAL CHART


Deputy Superintendent for Curriculum & Instruction
Director of Career and Technology Education
Director of Extracurricular Programs
Director of Academic Programs
Director of Title I Programs
Special Populations Coordinator
Director of PEP Program
Assistant Director of Secondary Education
Assistant Director of Elementary Education
Program Officer for Title I
Administrative Intern
Coordinators for Art, Speech/Drama, Foreign Lang., Wrtg. Project & Business
Administrative Intern
Coordinators for Elementary P. E., Art and Music
Planetarium Teacher
Program Officer for Media Services
Program Officer for Driver Education
Curriculum Coordinator
Program Officer for Bilingual Education
Coordinator of ESL/SSL Education
Coordinator of Instructional Technology
Computer Lab Specialist
Educational TV Producer
Program Officer for Alternative Learning
Alternative Learning Specialist
Alternative Learning Specialist
Sexuality Education Coordinator
Curriculum Specialist
Curriculum Specialist

CURRICULUM & INSTRUCTION
ORGANIZATION CHART
1996

BEST COPY AVAILABLE

APPENDIX C

ESSENTIAL ELEMENTS

GUIDE TO ESSENTIAL ELEMENTS

Successful Parenting for School-age Parents

Essential Elements	Related Chapters
(1A) Analyze personal skills related to personal development.	1
(1B) Apply techniques to develop self-awareness.	1
(1C) Demonstrate skills for self-direction.	1
(1D) Apply strategies for coping with peer pressure.	1
(2A) Describe reproductive anatomy.	2
(2B) Describe responsible behavior in prevention and control of diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS).	2
(2C) Identify methods of pregnancy prevention/family planning.	2
(3A) Investigate responsibilities of parenthood.	3
(3B) Discuss commitments and decisions involved in child rearing.	3
(3C) Demonstrate communication and conflict resolution skills.	4
(3D) Summarize the effects of the addition of children on family members.	3
(3E) Summarize laws related to the family.	5
(4A) Outline the effects of genetics, environment, and parent's health on prenatal development.	6
(4B) Explain the importance of early and continued prenatal care.	7
(4C) Discuss personal care and common concerns of expectant mothers.	7
(4D) Summarize the stages of prenatal development.	8
(4E) Analyze the process of labor and delivery.	8
(4F) Determine neonatal care essential to the well-being of the child.	9
(4G) Describe postnatal care essential to the well-being of the mother.	9
(5A) Summarize ways to obtain various health services.	10
(5B) Outline the principles of good personal health for mothers and children.	10
(5C) Determine nutritional needs during pregnancy, lactation, and early childhood.	11
(5D) Demonstrate the proper procedures for preparing formulas and baby food and feeding a baby.	12
(5E) Describe techniques for caring for a sick child.	13
(5F) Determine safety practices important to the care and guidance of young children.	14
(6A) Describe the characteristics of the newborn.	15
(6B) Describe the stages of growth and development of infants and children from birth to three years of age.	16, 17
(6C) Summarize various theories and principles of growth and development of infants and children.	18
(6D) Analyze influences on social, emotional, intellectual, physical, and moral development.	18
(6E) Determine the effect of parenting/caregiving on a child's self-esteem.	20
(6F) Relate the significance of play to a child's development.	19
(6G) Explain how parents are the first teachers and role models for children.	20

83 BEST COPY AVAILABLE

Essential Elements	Related Chapters
(7A) Identify potential family problems and crises.	21
(7B) Explain methods for preventing and coping with family crises.	21
(7C) Explain methods for identifying and caring for children with special needs and abilities.	22
(8A) Apply procedures for meeting individual and family needs through resource management.	23
(8B) Explain methods of sharing parenting responsibilities within a family.	23
(8C) Summarize community resources available to assist families.	24
(8D) Apply techniques for assuming the multiple roles of school-age parents.	23
(8E) Identify potential sources of income.	24
(8F) Summarize the effects of management on the quality of life.	23
(9A) Explain the importance of work ethics.	25
(9B) Determine the skills and work habits contributing to employability.	25
(9C) Describe the interrelationship between home life and work life.	25

BEST COPY AVAILABLE

Successful Parenting for School-Age Parents

(1) Concepts and skills related to personal development.
- (A) Analyze personal strengths and abilities.
- (B) Apply techniques to develop self-awareness.
- (C) Demonstrate skills for self-direction.
- (D) Apply strategies for coping with peer pressure.

(2) Concepts and skills related to biological sexual activity.
- (A) Describe reproductive anatomy.
- (B) Describe responsible behavior in prevention and control of disease including sexually transmitted diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS).
- (C) Identify methods of pregnancy prevention/family planning.

(3) Concepts and skills related to parenthood/adult roles.
- (A) Investigate responsibilities of parenthood.
- (B) Discuss commitments and decisions involved in child rearing.
- (C) Demonstrate communication and conflict resolution skills.
- (D) Summarize the effects of the addition of children on family members.
- (E) Summarize laws related to the family.

(4) Concepts and skills related to prenatal and postnatal care.
- (A) Outline the effects of genetics, environment, and parent's health on prenatal development.
- (B) Explain the importance of early and continued prenatal care.
- (C) Discuss personal care and common concerns of expectant mothers.
- (D) Summarize the stages of prenatal development.
- (E) Analyze the process of labor and delivery.
- (F) Determine neonatal care essential to the well-being of the child.
- (G) Describe postnatal care essential to the well-being of the mother.

(5) Concepts and skills related to the health and well-being of parents and children.
- (A) Summarize ways to obtain various health services.
- (B) Outline principles of good personal health for mothers and children.
- (C) Determine nutritional needs during pregnancy, lactation, infancy, and early childhood.
- (D) Demonstrate the proper procedures for preparing formulas and baby food and feeding a baby.
- (E) Describe techniques for caring for a sick child.
- (F) Determine safety practices important to the care and guidance of young children.

(6) Concepts and skills related to the development of children from birth to three years of age.
- (A) Describe the characteristics of the newborn.
- (B) Describe the stages of growth and development of infants and children from birth to three years of age.
- (C) Summarize various theories and principles of growth and development of infants and children.
- (D) Analyze influences on social, emotional, intellectual, physical, and moral development.
- (E) Determine the effect of parenting/caregiving on a child's self-esteem.
- (F) Relate the significance of play to a child's development.
- (G) Explain how parents are the first teachers and role models for children.

(7) Concepts and skills related to special concerns in the family.
- (A) Identify potential family problems and crises.
- (B) Explain methods for preventing and coping with family crises.
- (C) Explain methods for identifying and caring for children with special needs and abilities.

(8) Concepts and skills related to management in family life.
- (A) Apply procedures for meeting individual and family needs through resource management.
- (B) Explain methods of sharing parenting responsibilities within a family.
- (C) Summarize community resources available to assist families.
- (D) Apply techniques for assuming the multiple roles of school-age parents.
- (E) Identify potential sources of income.
- (F) Summarize the effects of management on the quality of life.

(9) Concepts and skills related to careers and job opportunities.
- (A) Explain the importance of work ethics.
- (B) Determine skills and work habits contributing to employability.
- (C) Describe the interrelationship between home life and work life.

BEST COPY AVAILABLE

APPENDIX D

MARCH OF DIMES STATISTICS

UNITED STATES, 1990
BY RACE OF MOTHER

	U.S. Total	White	-----Nonwhite----- Black	Total
BIRTHS:				
Number	4,158,212	3,290,273	684,336	867,939
Rate[1]	16.7	15.8	22.4	21.7
BIRTHS TO TEENS:*				
Number	533,483	359,456	157,951	174,027
Percentage[2]	12.8	10.9	23.1	20.1
LOW BIRTHWEIGHT:				
Number	289,418	187,179	90,523	102,239
Percentage[2]	7.0	5.7	13.3	11.8
VERY LOW BIRTHWEIGHT:				
Number	52,915	31,314	19,953	21,601
Percentage[2]	1.3	1.0	2.9	2.5
LATE OR NO PRENATAL CARE:				
Number	247,676	159,776	74,809	87,900
Percentage[2]	6.1	4.9	11.3	10.5
INFANT DEATHS:				
Number	38,351	24,883	12,290	13,468
Rate[3]	9.2	7.6	18.0	15.5
INFANT DEATHS DUE TO BIRTH DEFECTS:				
Number	8,239	6,418	1,530	1,821
Rate[4]	198.1	195.1	223.6	209.8

[1] Rate per 1,000 population
[2] Percentage of all births
[3] Rate per 1,000 live births
[4] Rate per 100,000 live births
Source: National Center for Health Statistics
Prepared by March of Dimes

* Definition of "teen" by age is not specified; probably includes 18-19 year old girls

BEST COPY AVAILABLE

QUICK STATS SUMMARY

- Every 8 seconds a baby is born in the United States.
- Every hour 4 babies die.
- Every hour a baby dies due to a birth defect.
- Birth defects are the leading cause of infant mortality.
- Every two minutes a low birthweight baby is born.
- More than 5,500 babies are born weighing less than 1 pound at birth.
- Low birthweight babies are 21 times as likely as other babies to die before reaching their first birthday.
- Each year at least 150,000 babies are born with birth defects.
- One in five babies dies due to birth defects.
- Every minute a baby is born to a teen mother.
- One in five infant deaths is a baby of a teen mother.
- Almost one quarter of a million babies are born to mothers who received late or no prenatal care.
- The maternal mortality rate for African American women is 4 times as high as for white women.
- 8.7 million women of childbearing age (18-44 years) have no health insurance.
- $3.3 billion are paid "out of pocket" by patients for maternal and infant health care.
- The U.S. infant mortality rate is worse than 23 other nations.

Source: March of Dimes (1990 information)

BEST COPY AVAILABLE

APPENDIX E

CHILD PROTECTIVE SERVICES SUPERVISOR'S QUESTIONNAIRE

CHILD PROTECTIVE SERVICES

SUPERVISOR QUESTIONNAIRE

1. What was the total number of child abuse and neglect cases in the Abilene area for 1996? 549

2. Of the total child abuse and neglect cases in the Abilene area in 1996, how many cases were adolescent parents (under 20)? 120

3. In the number of cases that did not involve adolescents, how many individuals would have been adolescents at the time of their child's birth? _____

4. Of the total adolescent parent cases in the Abilene area in 1996, what were the ages of the children involved?

   X 0-6 months X 7-12 months ___13-18 months

   ___19-24 months X 2 years ___3 years ___4 years ___5-8 years

5. What is the state total of child abuse and neglect cases for 1996?

   _____ info not available

6. What is the state total adolescent child abuse and neglect cases in 1996?

   _____ info not available

Please feel free to add any comments, statistics, or relevant information:

APPENDIX F

PARENT EDUCATION COORDINATOR QUESTIONNAIRE

Parent Education Coordinator
Questionnaire

Instructions: Please answer the following questions.

1. How many Abilene area parents received parenting training through your program during 1996?

_____

2. How many of the above parents were teen parents (under 20)?

_____

3. What areas are covered in parent education classes (please check all that apply)?

___discipline/guidance
___self-esteem
___developmental milestones
___appropriate activities for young children
___health and safety
___stressors of parenting
___nutrition
___parent/child interaction
___other _____

4. How are the parent education classes evaluated for effectiveness?

___testing ___observation ___interview ___other

_____

5. How are parents referred to your agency?

___Air Force Base ___other parents ___child protective services ___other community agencies

___other _____

Please feel free to add any comments, statistics, or relevant information:

APPENDIX G

CHILD PROTECTIVE SERVICES ADOLESCENT PARENT ABUSE AND NEGLECT SURVEY RESULTS

CHILD PROTECTIVE SERVICES
ADOLESCENT PARENT
ABUSE AND NEGLECT SURVEY RESULTS

1. The caseworkers surveyed reported they had each worked with between 7 and 40 adolescent abuse and neglect cases in 1996.

2. Only 10 of the adolescent parents with abuse and neglect cases had prior parenting education.

3. Of the teens that had received parenting education, 62 had received their training while in high school.

4. The most common types of abuse and neglect by teen parents are:
   1. hitting
   2. physical neglect
   3. slapping

5. The caseworkers listed the top 5 parenting skills teens need as:

   1. discipline/guidance
   2. parent/child interaction
   3. developmental milestones
   4. stressors of parenting
   5. health and safety

APPENDIX H

PREGNANT AND PARENTING TEEN SURVEY FORM

PREGNANT AND PARENTING TEEN

SURVEY

1. Do you have a job at this time (Yes or No)?

2. Do you have family members that support you financially and emotionally (Yes or No)?

3. Is you child's father supportive of you financially and emotionally (Yes or No)?

4. Is being a parent more difficult, less difficult, or what you expected? If you are pregnant, leave this question blank.

___more difficult ___less difficult ___what I expected

5. Do you think you are or will be a good parent (Yes or No)?

6. What do you feel your strengths are or will be as a parent (Please choose from the list below your top five strengths and number them 1-5, then choose three areas you feel you need more information in or training in and number them 6-8.

___talking to my child often when we are together

___reading to my child daily

___bathing my child daily

___taking my child to the Dr. when ill

___I play with my child daily

___when I am frustrated with my child, I ask for help

___I learn about the development of children, so I know what to expect of my child

___I feed my child what my Dr. recommends

___I know what to expect of my child so, I know how to discipline or guide his/her behavior

___I know how to keep my child safe in my home

___I know how to safely travel with my child in a vehicle

APPENDIX I

PREGNANT AND PARENTING TEEN SURVEY RESULTS

PREGNANT AND PARENTING TEEN
SURVEY RESULTS

1. Total number of pregnant or parenting teens surveyed . 76

2. The number of pregnant and parenting teens that are employed in addition to attending school. 11

3. When asked if their family members were supportive financially and emotionally, 73 said yes.

4. When asked if their child's father is supportive financially and emotionally, 51 said yes.

5. When asked if being a parent was more difficult, less difficult, or what they expected it to be, 26 said more difficult, 11 said less difficult, and 23 said it was what they had expected.

6. When asked if they believed they were or would be a good parent. 76 said yes they were good parents.

7. When teen parents were asked to choose from a list their top three they needed training or information in, 32 said not knowing what to expect of my child so, I will know how to discipline and guide his or her behavior, 27 said learning more about the development of children, so they know what to expect of their child, and 30 needed more training on how to keep their child safe in their home and while traveling.
parent,

BEST COPY AVAILABLE

APPENDIX J

PREGNANCY AND PARENTING PROGRAM SURVEY FORM

PREGNANCY AND PARENTING PROGRAM

SURVEY

1. What was the total number of pregnant or parenting teens served in your program during the 1995-96 school year?

_____

2, How do teen parents receive parenting education in your program?

__high school classes __lab school __community agencies

__other_____

_____

3. If your program uses a child care center as a lab school, how is it utilized?

__hands-on experiences __caregiver role modeling

__observations __work/study

other_____

_____

4, How is the effectiveness of the parenting training evaluated?

__testing __observation __home visits __other_____

_____

5. If lab school training is provided by your program, who provides the training?

__home economics teachers __caregivers __directors

__other_____

6. How many hours per semester do teens spend training in the child care center or lab school?

__0-5 __6-10 __11-20 __21-30 __more than 30

7. Do both pregnant and parenting teens attend parenting education (Yes or No)?

_____

8. What areas of parenting education do you find to be most crucial for teen parents (please prioritize the following list with the most crucial being 1)?

___discipline/guidance
___self-esteem
___developmental milestones
___appropriate activities for young children
___health and safety
___stressors of parenting
___nutrition
___parent/child interaction
___other_____

_____

Please feel free to add any additional comments, statistics, or relevant information:

APPENDIX K

PREGNANCY AND PARENTING PROGRAM SURVEY RESULTS

PREGNANCY AND PARENTING PROGRAM
SURVEY RESULTS

1. The total number of surveys mailed were __100__.

2. The total number of surveys returned were __60__.

3. The programs surveyed served varied numbers of pregnant and parenting teens. Programs served from __4 to 622__ students during the 1995-96 school year.

4. __51__ programs stated parenting education was provided through the high school, __24__ pregnant and parenting teens received training through a lab school, __23__ programs were provided parenting education through community agencies, and __20__ students were provided parenting education by other means.

5. Of the total number of programs that use their child care centers as a lab school, __23__ used the center for student observations, while __26__ programs used the caregivers in the center for rolemodeling for pregnant and parenting students, another __27__ programs provided hands-on activities for students in the child care center, __11__ students were work-study students, and __3__ programs used the center for other purposes.

6. Of the programs using child care centers as lab schools, __24__ programs used home economics teachers to provide the parenting training in the child care center, while __18__ used child care center caregiving staff, and __21__ programs used child care center directors to provide training.

7. Of the programs that used child care centers as lab schools, __3__ programs stated that students spent 0-5 hours per semester in the lab school, __3__ programs reported that students spent 6-10 hours in the lab school, __3__ programs reported that students spent 11-20 hours in the lab school, __3__ programs reported that students spent 21-30 hours per semester in the lab school, and __14__ programs reported students spent more than 30 hours in the lab school during the semester.

8. Both pregnant and parenting teens attended parenting classes in __55__ of the programs.

9. The programs stated the top five areas of parent education training most crucial to pregnant and parenting teens were:
   1. parent-child interaction
   2. health and safety
   3. discipline and guidance
   4. nutrition
   5. self-esteem

APPENDIX L

TEN WEEK IMPLEMENTATION PLAN

TEN WEEK CALENDAR PLAN FOR IMPLEMENTATION

WEEK 1

ACTIVITY	RESOURCES	OBJECTIVE
administer pre test to students	test copies	1,2,3,4
collect contest incentives from vendors	list theatres, restaurants	1,2,3,4
collect names of all participants and their childrens' ages	campus records, teachers	1,2,3,4
label all resources for toy library set up checkout system	equipment, notebook	1,2,4
meet with classes to explain contest rules, and prizes	written rules, copies	1,2,3,4
checkout resources to high school #2 participants	checkout notebook, staff	1,2,4

WEEK 2

ACTIVITY	RESOURCE	OBJECTIVE
develop homework questions	worksheets, copies	1,2,4
develop questions from newsletter	tests, copies	1,2,3,4
copy newsletters for students	newsletters, copier	1,2,3,4
develop cards and charts for "Where's the Baby Game"	4x6 cards, posterboard	1,4
develop master checklist for monitoring student progress	posterboard, markers	1,2,3,4
write recommendations for when parents should call a doctor	phone, call doctor's office	2

WEEK 3

ACTIVITY	RESOURCE	OBJECTIVE
present safety unit to high school #2	lab setting copies safety checklist	2
high school #2 return resources	toys, checkin notebook	1,4
high school #2 check out resources	toys, checkout notebook	1,4
obtain student names for resource directory	students resource directory	3
update resource directory	resource directory	3

WEEK 4

ACTIVITY	RESOURCE	OBJECTIVE
collect high school #2 safety form	safety form	2
present high school #1 safety unit	safety form	2
high school #1 checkout resources	toys, checkout notebook	1,4
print resource directory	district print shop	3

WEEK 5

ACTIVITY	RESOURCE	OBJECTIVE
high school #1 checkout resources	toys, checkout notebook	1,4
high school #1 checkin resources	toys, checkin notebook	1,4

collect high school #1 safety form	safety form	2
collect high school #1 home check lists	playing with child, reading, bathing lists	1,2,4
collect high school #2 home check lists	playing with child, reading, bathing lists	1,2,4
post check list completion to master list, monitor for participation	check list master list	1,2,3,4

WEEK 6

ACTIVITY	RESOURCE	OBJECTIVE
"Where's the Baby" lesson high school #1	lab setting, cards, chart	1,4
checkout resources high school #1	checkout notebook toys	1,4
checkin resources high school #1	checkin notebook, toys	1,4
"Where's the Baby" lesson high school #2	lab setting, cards, chart	1,4
checkout resources high school #2	checkout notebook toys	1,4
order student notebooks	warehouse order form	1,2

WEEK 7

ACTIVITY	RESOURCE	OBJECTIVE
checkin resources high school #2	checkin notebook, toys	1,4
assemble notebooks	resource directory notebooks, copies curr	2
distribute newsletter	newsletters	1,2,3,4
explanation of newsletter	child care center staff	1,2,3,4
end of week questions over	written questions,	

newsletter	incentives	1,2,3,4

WEEK 8

ACTIVITY	RESOURCE	OBJECTIVE
high school #1 lesson "Who ya Gonna Call" game	resource directory	3
distribute notebooks high school #1	notebooks	1,2,3,4
high school #2 lesson "Who ya Gonna Call" game	resource directory	3
total and update master checklist	master checklist returned forms	1,2,3,4
distribute notebooks high school #2	notebooks	1,2,3,4
weekly newsletter questions	questions, center staff	1,2,3,4
high school #2 administer post test	test, students, copies	1,2,3,4
high school #2 party	donuts, juice	1,2,3,4
announce final prize winners high school #2	prizes, master checklist	1,2,3,4

WEEK 9

ACTIVITIES	RESOURCE	OBJECTIVE
high school #1 administer post test	test, students	1,2,3,4
high school #1 announce final prize winners	prizes, master checklist	1,2,3,4
high school #1 party	donuts, juice	1,2,3,4
weekly newsletter questions	newsletter, questions	1,2,3,4
high school #1		

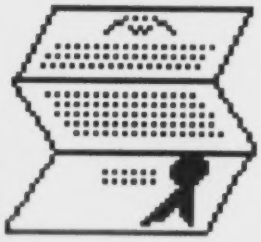
parent/staff/child interaction	evaluation form, lab	1,2,4

WEEK 10

ACTIVITIES	RESOURCE	OBJECTIVE
high school #2 parent/staff/ child interaction	evaluation form, lab	1,2,4
staff complete evaluation forms of teen parents interaction	evaluation form, staff	1,2,4
weekly newsletter questions	newsletter, questions	1,2,3
collect data to measure objectives	evaluation forms, home questionnaires, safety check list	1,2,3,4

APPENDIX M

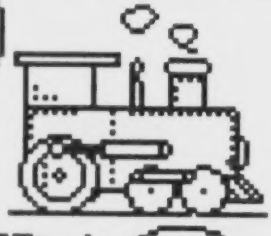
CONTEST FLIER



CONTEST
FUN!!!!
PRIZES!!!

CHILD CARE CENTER
VISITS
ALL PEP CLASS STUDENTS
WELCOME TO PARTICIPATE

GRAND PRIZE FOR EACH
CLASS
SMALLER PRIZES WEEKLY



BEST COPY AVAILABLE

APPENDIX N

CONTEST RULES

PEP CONTEST RULES

1. Any pregnant or parenting student in a PEP class is eligible for participation in the contest.

2. Students must complete the pretest to be eligible for prizes.

3. Students must complete the post-test to be eligible for grand prizes.

4. Students must return home assignments on time to the PEP teacher or the child care center director to obtain credit for tasks completed.

5. When visiting the child care center, remember this is part of your class time. You should stay with your class unless asked by the director to go to a classroom.

6. Your parent must sign home assignment forms for credit to be given. Another adult could sign the forms. Please speak with the director or PEP teacher about this.

7. When in the child care center, please use normal voices. There should be no yelling, etc. It could scare children.

BEST COPY AVAILABLE

APPENDIX O

HOW THE CONTEST WORKS

HOW THE CONTEST WORKS

1. Prizes will be given for completing tasks.

2. You will be visiting the child care center and completing hands on activities that deal with health and safety, parent/child interaction, developmental milestones, and accessing social services.

3. Beginning the week after spring break prizes will be given each week to the students with the most tasks completed.

4. You complete tasks by:
   a. checking out books and taking them home to read to your child (fill out home assignment sheet and have your parent sign).

   b. checking out toys from the toy library and fill out the home assignment sheet.

   c. bathing your baby and filling out the home assignment sheet.

   d. completing the home safety checklist and returning signed checklist

   e. completing the home health checklist and returning signed checklist

   f. completing the home transportation checklist and returning signed checklist

   g. completing all the activities on the days you visit the child care center

      1. child care center health check list
      2. child care center safety check list
      3. child care center car safety day
      4. completing "Where's the Baby" Game
      5. completing "Who Ya Gonna Call" Game
      6. classroom interaction forms

5. Pregnant students can use a sibling in their family or a friend of the family. If no children are available you may come to the center after school or make other arrangements with Mrs. Reagan or your PEP teacher.

APPENDIX P

SCHEDULE OF EVENTS

SCHEDULE OF EVENTS

HIGH SCHOOL

PARENTING CONTEST PEP CLASSES

DATE	ACTIVITY	CAMPUS
March 4	Explanation of contest	all classes
March 21	PRIZES	AHS
March 25	Health and Safety Unit	AHS
March 25	Checkout toys and books	AHS
April 1	Check in and out toys and books	AHS
April 1	Health and Safety form due	AHS
April 3	Collect all completed forms	AHS
April 4	PRIZES	AHS
April 7	"Where's the Baby" Checkout books and toys	AHS
April 9	Check in toys and books	AHS
April 11	PRIZES	AHS
April 18	PRIZES	AHS
April 21	"Who Ya Gonna Call"?	AHS
April 25	PARTY, GRAND PRIZE, POST-TEST	AHS

SCHEDULE OF EVENTS

HIGH SCHOOL

PARENTING CONTEST PEP CLASS

DATE	ACTIVITY	CAMPUS
March 4	Explanation of contest	all classes
March 4	checkout toys	CHS
March 6	checkout toys	CHS
March 17	return and checkout toys	CHS
March 21	PRIZES	CHS
March 21	Health and Safety unit return and checkout toys	CHS
March 25	Health and Safety forms due	CHS
April 3	Collect all completed forms	CHS
April 4	PRIZES	CHS
April 11	"Where's the Baby" checkout books and toys	CHS
April 15	checkin toys and books	CHS
April 18	PRIZES	CHS
April 23	"Who Ya Gonna Call"	CHS
April 25	PARTY, GRAND PRIZES POST-TEST	all classes

APPENDIX Q

PARENT LETTER

February 28, 1997

Dear Parents;

Beginning in March, the PEP classes will be visiting the child care center on several occasions. The child care center will be providing several weeks of activities that will enhance classroom units of child health and safety, parent/child interaction, stages of child development, and how to access social services.

The center will structure the activities as a contest. Students completing the most tasks each week will receive prizes and grand prizes. Some of the tasks will be done at the center and others at home. Students will receive credit for such activities as bathing their babies, using resource library toys to play with their child, reading to their child, and completing a health and safety checklist both at home and in the child care center.

These tasks are all related to teens spending quality time with their child and creating good parenting habits. Please help us make these activities positive experiences for your child and grandchild.

We are asking you to sign each home assignment paper to indicate you have seen your child perform this activity with their child.

Thank you for you cooperation. We hope this contest will be fun and helpful for your teenager. We will end the contest with a party and grand prizes. Please have your teenager return this signed letter to the PEP teacher or the child care center director.

Sincerely,

PEP Program

_____
parent name

_____
date

BEST COPY AVAILABLE

APPENDIX R

PRETEST

PREGNANCY & PARENTING PROGRAM

CONTEST PRETEST

Instructions: Please circle the correct answer. Are these questions accurate or appropriate?

1. All plants are good to have around children because they add necessary oxygen to the air.

True False

2. Playing with my child on the bed is a fun activity. Children like jumping and rolling. This activity is safe because I am with my child.

True False

3. You should try to place your child's crib near a window with blinds so your child can learn to open and close them to look out of the window. This is a fine motor skill activity.

True False

4. All electrical outlets not being used should be covered with child-proof covers.

True False

5. Empty medication bottles should be made into inexpensive fun toys for children by putting items inside that rattle.

True False

6. Empty cleaner bottles and cans can be used for pretend play for children.

True False

7. Plastic bags are fun for children to play with. Children can see you through them and play peek a boo.

True False

8. I should use a small pillow in by baby's crib so his or her head is elevated and she will be more comfortable.

True False

9. I should only bathe my baby once or twice a week during the winter because my child will get a cold if I bathe more often.

True False

10. After my baby reaches three months old, I do not need to sterilize his or her bottles anymore.

True False

11. My baby's crib mattress needs to fit in the crib loosely so I can reach in and change the sheets easily.

True False

12. My young infant loves dogs and cats, but I do not let them play too close together because animals may carry diseases like ringworm or fleas.

True False

13. The best place for my baby's car seat is

A. in the front seat with me
B. in the back seat behing the driver
C. in the back seat on the passenger side
D. in the middle of the back seat

14. It is alright when riding in a car close to home to hold my baby on my lap to calm her when she is crying.

True False

15. I should give my baby food and drink while riding in the car seat to keep her happy.

True False

16. When a child turns 1 year old, they no longer have to be in a car seat.

True False

17. My 4 month old should be placed in her car seat facing the front of the car so I can see her at all times.

True False

18. There are three types of car seats for children. They are infant, convertable, and boosters.

True False

19. Children 0-2 years learn through seeing, hearing, smelling, tasting, and feeling things in their environment.

True False

20. It is important not to talk to your child while he or she explores a toy. Your child may not be able to concentrate if you interrupt.

True False

21. Language development begins between 12-18 months.

True False

22. Allowing your child to explore toys and the environment increases his or her knowledge.

True False

23. When introducing a toy to your child, if the toy is too difficult for your child, keep working with your child until they can use the toy correctly.

True False

24. It is important to praise your child when they accomplish something.

True False

25. If your child is not interested in a toy or book you are introducing, you should not use that particular toy or book again.

True False

26. Each book should only be read one time to a child to avoid a child becoming bored.

True False

27. Bathing a baby before or after a meal is the best time.

True False

28. The room temperature should be between 75 and 80 degrees for bathing a baby.

True False

29. It is necessary to bathe a baby everyday.

True False

30. When bathing my baby, I should wash the dirtiest areas of my child first.

True False

31. All items used for bathing the baby should be collected before beginning the bath.

True False

32. Lots of soap should be used when bathing a baby to be sure the baby is clean.

True False

33. One of the only places you should not read to your toddler is in the bathtub. It is too dangerous.

True False

34. Books for infants should have large colorful pictures and few words on the page.

True False

35. A child should use most of his or her senses (see, hear, feel, smell, taste) when looking at a book.

True False

36. Pointing to pictures in a book helps your child develop language skills.

True False

37. When I speak to my child I should wait for the child to say something back (coo or words). This shows the child that conversations are two way and helps develop language.

True False

38. Children begin rolling from their stomach to their back at this age (please circle).

1. between 0-3 months 2. between 9-12 months

3. between 12-18 months 4. other

39. Children begin rolling from their back to stomach at this age (please circle).

1. between 0-3 months 2. between 3-6 months

3. between 6-9 months 4. between 9-12 months

40. A child begins to eat baby food at this age (please circle).

1. 0-3 months 2. 3-6 months

3. 9-12 months 4. 12-18 months

41. A child begins to eat table food at this age (please circle).

1. 6-9 months 2. 9-12 months

3. 18-24 months 4. 24-36 months

42. A child begins laughing and making noises to show pleasure at this age (please circle).

1. 3-6 months 2. 9-12 months

3. 12-18 months 4. 6-9 months.

43. A child begins to feed self finger foods at this age (please circle).

1. 3-6 months 2. 6-9 months

3. 9-12 months 4. 12-18 months

44. A child begins to walk with good balance at this age (please circle).

1. 12-18 months 2. 18-36 months

3. 6-9 months 4. 3-6 months

45. This is a good age to begin pottie training (please circle).

1. 12-18 months 2. 24-36 months

3. 9-12 months 4. 6-9 months

46. A child may begin sitting up alone at this time (please circle).

1. 6-9 months 2. 0-3 months

3. 9-12 months 4. 12-18 months

BEST COPY AVAILABLE

47. At this age a child can find an object placed under another object (please circle).

1. 0-3 months
2. 3-6 months
3. 6-9 months
4. 9-12 months

48. At this age a child starts to put simple words together (please circle).

1. 0-3 months
2. 3-6 months
3. 9-12 months
4. 12-18 months

49. If you have had your baby and are ready to return to school and you need child care but the PEP center has no room, who can you call (please circle)?

1. Child Care Connection
2. Child Care Licensing
3. Child Care Management Services
4. Child Care Directors' Network

50. If you are pregnant and you do not have a doctor yet, who can you call (please circle)?

1. Hendricks prenatal
2. Community Action Program
3. WIC
4. Presbyterian Mission Clinic

51. If you need formula for your baby, who would you call?

1. WIC
2. Salvation Army
3. Abilene Regional Med Center
4. Christian Homes of Abilene

52. If you need help with your plans for college after graduation, who would you talk to (please circle).

1. Welfare Department
2. friends
3. PEP Counselor
4. my doctor

53. If your child is ill and you do not have a doctor, who would you talk to (please circle)?

1. Friends
2. Family Health Clinic at Hendrick
3. Child Welfare
4. Medicaid Department

54. If you have no transporation to school and your child is in the PEP child care center, who do you call (please circle)?

1. District transportation2. PEP Center

3. Public Health Dept. 4. Family Support Services

APPENDIX S

TOY INVENTORY FORMS

INVENTORY

Item #	co & #	item name	checkout name	pieces #	campu
1	KAPLAN 17896	ALERTA SINGS CASS		1	
2	KAPLAN 17896	ALERTA SINGS CASS		1	
3	KAPLAN 50061	MI CASA ES SU CASA		2	
4	KAPLAN 50061	MI CASA ES SU CASA		2	
5	KAPLAN 31062	SUCTION CUP COASTI		1	
6	KAPLAN 31062	SUCTION CUP COASTI		1	
7	KAPLAN 11965	COLOR STACKING DIS		10	
8	KAPLAN 11965	COLOR STACKING DIS		10	
9	KAPLAN 31063	SPACE SUCTION CUP		1	
10	KAPLAN 31063	SPACE SUCTION CUP		1	
11	KAPLAN 13122	SNAP LOCK BEADS		13	
12	KAPLAN 13122	SNAP LOCK BEADS		13	
13	KAPLAN 13122	SNAP LOCK BEADS		13	
14	KAPLAN 13122	SNAP LOCK BEADS		13	
15	KAPLAN 30907	POP UP FARM		1	
16	KAPLAN 30907	POP UP FARM		1	
17	KAPLAN 30907	POP UP FARM		1	
18	KAPLAN 30907	POP UP FARM		1	
19	KAPLAN 17413	PUSH ABOUT POPPER		1	
20	KAPLAN 17413	PUSH ABOUT POPPER		1	
21	KAPLAN 50759	SPOT VINYL BOOK SE		2	
22	KAPLAN 50759	SPOT VINYL BOOK SE		2	
23	KAPLAN 30953	SOFT PICTURE BLOCK		5	
24	KAPLAN 30953	SOFT PICTURE BLOCK		5	
25	KAPLAN 4837	TYKE BIKE		1	
26	KAPLAN 18885	BIG VIEW MIRROR		1	
27	KAPLAN 18885	BIG VIEW MIRROR		1	
28	KAPLAN 33471	ACTIVITY FLOOR MIRI		1	
29	KAPLAN 33471	ACTIVITY FLOOR MIRI		1	
30	KAPLAN 13510	PLAYARIUM		1	
31	KAPLAN 31909	PLAYARIUM		1	
32	KAPLAN 31407	ACTIVITY SPIRAL	SOTO TONIE	1	CHS
33	KAPLAN 31407	ACTIVITY SPIRAL		1	
34	KAPLAN 31408	FLOOR SPINNER	CHRISTIE ROMERO	1	CHS
35	KAPLAN 31408	FLOOR SPINNER		1	
36	KAPLAN 31409	ACTIVITY WHEEL		1	
37	KAPLAN 31409	ACTIVITY WHEEL		1	
38	KAPLAN 30145	BABYS PLAY SET	ELLIOT, REBECCA	5	CHS
39	KAPLAN 30145	BABYS PLAY SET		4	
40	KAPLAN 30145	BABYS PLAY SET	SERRANO SONIA	5	CHS
41	KAPLAN 30145	BABYS PLAY SET		4	
42	KAPLAY 1616	BABYS FIRST BLOCKS		14	
43	KAPLAN 1616	BABYS FIRST BLOCKS		14	
44	KAPLAN 1616	BABYS FIRST BLOCKS		14	
45	KAPLAN 6568	ROCK A STACK		6	

BEST COPY AVAILABLE

Item #	co & #	item name	checkout name	pieces #	campu
46	KAPLAN 6568	ROCK A STACK		6	
47	KAPLAN 6568	ROCK A STACK		6	
48	KAPLAN 6568	ROCK A STACK		6	
49	KAPLAN 30950	POP N SPIN TOP		1	
50	KAPLAN 30950	POP N SPIN TOP		1	
51	KAPLAN 15877	BABYS RHYTHM BANI	ASHFORD JENISE	2	CHS
52	KAPLAN 15877	BABYS RHYTHM BANI	RHYTHM BAND	2	CHS
53	KAPLAN 30783	NESTING FARM ANIM.		8	
54	KAPLAN 30783	NESTING FARM ANIM.		8	
55	KAPLAN 30783	NESTING FARM ANIM.		8	
56	KAPLAN 30783	NESTING FARM ANIM.		8	
57	KAPLAN 30783	STAR RINGS		1	
58	KAPLAN 18937	STAR RINGS	GOSSETT ANGIE	1	CHS
59	KAPLAN 18937	STAR RINGS		1	
60	KAPLAN 18937	STAR RINGS	GRIFFIN, CECILIA	1	CHS
61	KAPLAN 84458	TRACKING TUBE	JANIE ALANIZ	1	CHS
62	KAPLAN 84458	TRACKING TUBE		1	
63	KAPLAN 18986	WIGGLE WORM		1	
64	KAPLAN 18986	WIGGLE WORM		1	
65	KAPLAN 17409	SOFT BALLS		2	
66	KAPLAN 17409	SOFT BALLS		2	
67		TURN & LEARN KEY S		6	
68		ACTIVITY CENTER		1	
69		DRIVING WHEEL ACTI		1	
70		TRANSPORTATION A		1	
71	KAPLAN 3514	DIAL PLAY TELEPHON		1	
72	KAPLAN 3514	DIAL PLAY TELEPHON		1	
73	KAPLAN 3514	DIAL PLAY TELEPHON		1	
74	KAPLAN 3514	DIAL PLAY TELEPHON		1	
75	KAPLAN 30081	AFR AMER BOY INTRN		1	
76	KAPLAN 30078	HISPANIC GIRL INTERI		1	
77	KAPLAN 30078	HISPANIC GIRL INTERI		1	
78	KAPLAN 30081	AFR AMER BOY INTER		1	
79	KAPLAN 1155	BAG O BALLS		11	
80	KAPLAN 30043	SIGHT AND SOUND AN		7	
81	KAPLAN 15961	ACTIVE CENTER			
82	KAPLAN 15961	ACTIVE CENTER	SEYMOUR, KIM		AHS
83				1	
84				1	
85	KAPLAN 18883	GYMFINITY		1	
86	KAPLAN 18883	GYMFINITY		1	
87	KAPLAN 9549	NESTING BEAKERS		10	
88	KAPLAN 9549	NESTING BEAKERS		10	
89	KAPLAN 9549	NESTING BEAKERS		10	
90	KAPLAN 19962	ACTIVITY BALL		1	

BEST COPY AVAILABLE

Item #	co & #	item name	checkout name	pieces #	campu
91	KAPLAN 31817	PATHFINDER		1	
92	KAPLAN 33235	ACTIVITY TABLE		10	
93	KAPLAN 15451	BABY HEDGEHOGGS SI		2	
94	KAPLAN 15451	BABY HEDGEHOGS SE		2	
95	KAPLAN 30909	BEAD BALL		1	
96	KAPLAN 30909	BEAD BALL		1	
97	KAPLAN 17224	SKWISH		1	
98	KAPLAN 30910	DELUXE DISCOVERY Q		2	
99	KAPLAN 30910	DELUXE DISCOVERY Q		2	
100	KAPLAN 33240	AIR PRESSURE ACTIV		1	
101	KAPLAN 33240	AIR PRESSURE ACTIV		1	
102	KAPLAN 51840	FAMILY BOARD BOOK			
103	KAPLAN 52007	PEEK-A-BOO		2	
104	KAPLAN 52007	PEEK-A-BOO		2	
105	KAPLAN 30167	PRESS AND LISTEN A			
106	KAPLAN 30167	PRESS AND LISTEN A	HOLMES AMANDA		CHS
107	KAPLAN 19083	POP-UP PETS		1	
108	KAPLAN 19083	POP-UP PETS		1	
109	KAPLAN 3592	CHATTER TELEPHONE		1	
110	KAPLAN 3592	CHATTER TELEPHONE		1	
111	KAPLAN 33874	SHAPE SORTER BALL		7	
112	KAPLAN 33874	SHAPE SORTER BALL		7	
113	KAPLAN 35082	POP UP ANIMALS		6	
114	KAPLAN 35082	POP UP ANIMALS		6	
115	KAPLAN 35082	POP UP ANIMALS		6	
116	KAPLAN 35082	POP UP ANIMALS		6	
117	KAPLAN 51046	GAMES TO PLAY WITI		1	
118	KAPLAN 33680	PAT A CAKE		1	
119	KAPLAN KAC597	MORE BABY SONGS		1	
120	KAPLAN 17224	SKWISH		1	
121	KAPLAN 15352	MAGNETIC MOSAIC		1	
122	KAPLAN 15352	MAGNETIC MOSAIC		1	
123	KAPLAN 33203	BEAN BAGS		8	
124	KAPLAN 33203	KAPLAN 33203		8	
125	KAPLAN 1769-0	RESPONDING TO INFA		1	
126	KAPLAN 33252	BIG BOARD BOOKS		3	
127		PEEK N POP		1	
128		ACTIVITY CENTER		1	
129		BEAR PUZZLE		7	
130		CIRCLE SHAPE		6	
131		SHAPES PUZZLE	CIRCLE SHAPE PU	6	CHS
132		THREE BEARS PUZZLE	GILBERT, ANNA	15	CHS
133		FRUIT PUZZLE		5	
134		VEGETABLE PUZZLE		6	
135		JINGLE BEAR IN A BA		1	

BEST COPY AVAILABLE

Item #	co & #	item name	checkout name	pieces #	campu
136		JINGLE BEAR IN A BA		1	
137		PUP UP PETS		1	
138	LOCK A BLOCK	SHAPE SORTER		7	
139	KAPLAN 30145	BABY'S PLAY SET		5	
140	KAPLAN 30145	BABY'S PLAY SET		4	
141	KAPLAN 30145	BABY'S PLAY SET	BABYS PLAY SET	5	CHS
142	KAPLAN 30145	BABY'S PLAY SET	SMITH ANGELA	4	CHS
143	KAPLAN (COMB)	VEGETABLES & DISHE	BAMBI PEREZ	14	CHS
144	KAPLAN (COMB)	VEGETABLES & DISHE		14	
145	KAPLAN (COMB)	VEGETABLES & DISHE		14	
146	KAPLAN (COMB)	VEGETABLES & DISHE		146	
147	KAPLAN	BREAD IN BASKET		9	
148	KAPLAN	BREAD IN BASKET		9	
149		SHAPE SORTING BLOC		14	
150		SOUND PUZZLE BOX		3	
151		SMALL BEAD BALL		1	
152		FARMYARD ACTIVITY		1	

BEST COPY AVAILABLE

APPENDIX T

TOY LIBRARY ACTIVITY CARDS EXAMPLE

ITEM # 54

NAME NESTING FARM ANIMALS

AGES 12 - 18 MONTHS

AREA OF DEVELOPMENT PROBLEM SOLVING, ANIMAL RECOGNITION, LANGUAGE DEVELOPMENT

ACTIVITY SIT DOWN WITH YOUR CHILD AND TALK ABOUT THE ANIMALS AS YOU FIT THEM TOGETHER. THEY CAN ALSO BE PUT INSIDE EACH OTHER (NESTING). TELL YOUR CHILD THE SOUNDS THAT EACH ANIMAL MAKES AND ENCOURAGE YOUR CHILD TO REPEAT THEM.

ITEM # 55

NAME NESTING FARM ANIMALS

AGES 12 - 18 MONTHS

AREA OF DEVELOPMENT PROBLEM SOLVING, ANIMAL RECOGNITION, LANGUAGE DEVELOPMENT

ACTIVITY SIT DOWN WITH YOUR CHILD AND TALK ABOUT THE ANIMALS AS YOU FIT THEM TOGETHER. THEY CAN ALSO BE PUT INSIDE EACH OTHER (NESTING). TELL YOUR CHILD THE SOUNDS THAT EACH ANIMAL MAKES AND ENCOURAGE YOUR CHILD TO REPEAT THEM.

APPENDIX U

DONATION APPROVAL LETTER

To The Deputy Superintendent for Finance:

Please accept this letter as an intent to donate $600 worth of cabinets for the child care center. These cabinets will be used to house toys for a resource library.

As a cabinet builder and my wife an employee of the child care center, we can see the need and hope you accept this donation.

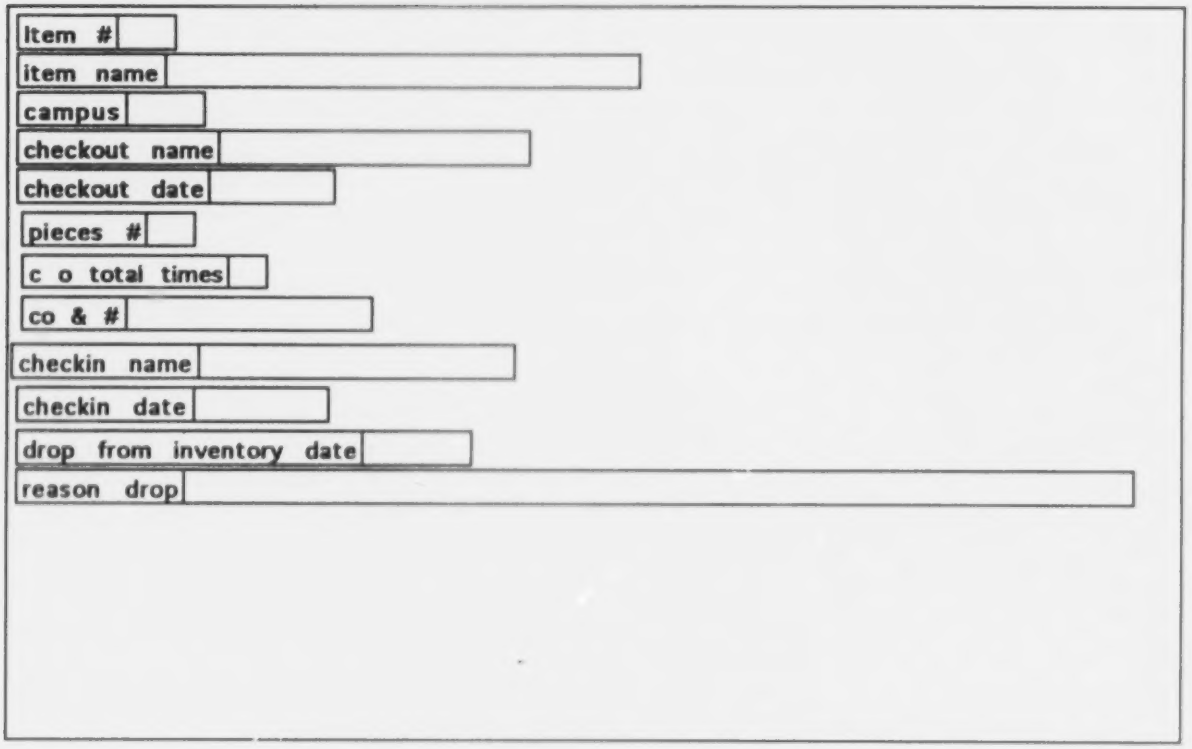
Sincerely,

Joey and Nancy Newman

APPENDIX V

RESOURCE LIBRARY CHECKOUT FORM

RESOURCE LIBRARY CHECKOUT



BEST COPY AVAILABLE

APPENDIX W

HOME ASSIGNMENT FORM TOY LIBRARY

PARENT/CHILD INTERACTION

HOME RESOURCE TOY ASSIGNMENT

_____
student name

_____
campus name

Toy name _____

Item # _____

1. Was the toy appropriate for your child? yes no

   Why or Why not?_____

   _____

2. Since children 0-2 years learn through their senses, which senses did this toy stimulate (Please circle).

   see hear smell feel taste

3. Did your child use any language while playing with the toy (cooing, words, etc.)? yes no

   If so, What? _____

   _____

4. Did you respond to the cooing or words, since any sounds your baby makes are the beginning of communication and language development? yes no

5. What did you say to your baby? _____

   _____

6. Did you encourage your child to play with the toy? yes no

7. Did you allow your child to have his or her own ideas on how to play with the toy? yes no

8. What other ways did your child use the toy? _____

   _____

9. Did you praise your child when he or she accomplished an activity with the toy? yes no

10. What did you say to him or her? _____

_____

11. If your child became frustrated with the activity, did you choose something easier for your child to accomplish with the toy? yes no

12. Was this a toy your child may like to play with again? yes no

Why? _____

_____

_____
parent signature

_____
date

APPENDIX X

HOME ASSIGNMENT FORM READING LIBRARY

PARENT/CHILD INTERACTION

HOME READING ASSIGNMENT

_____
student name

_____
student campus

1. What was the title of the book? _____

_____

2. When did you read to your child (please circle)?

   while bottle feeding while rocking

   while bathing (plastic books only) other

3. Did you point to items in the pictures and name them for your child? yes no

4. Did you give your child the opportunity to point to pictures or feel the book? yes no

5. Since children 0-2 years learn from their senses, which senses did your child use while you were reading (please circle)?

   see hear feel taste smell

6. Did you respond to the cooing or words your baby spoke while you were reading, since these sounds are the beginning of language development for your child? yes no

7. If your child became bored with the book, did you save it for a better time? yes no

8. Did you read the book more that one time, since children learn through repitition? yes no

9. How many times did you read the book? _____

_____
parent signature

_____
date

APPENDIX Y

HOME ASSIGNMENT FORM FOR BATHING BABIES

PARENT/CHILD INTERACTION

HOME BATHING ASSIGNMENT

_____
student name

_____
student campus

	YES	NO
1. I do not bathe my baby just before or after a meal.		
2. I do not hurry the bath, I make plenty of time for it.		
3. I keep the room I bathe the baby in at 75 to 80 degrees.		
4. I collect all items I need for the bath ahead of time.		
5. I wash by baby's head once or twice a week with shampoo.		
6. I begin washing my baby's cleanest areas first and the dirtiest last.		
7. I clean around my baby's eyes with wet cotton balls.		
8. I am sure to clean all creases in my baby's neck.		
9. I remember not to use too much soap, because it can make the baby slippery.		
10. I place my baby in a tub slowly so I do not scare him or her.		
11. I talk soothing and reassuring to my baby to minimize fear my baby may have of bathing.		
12. Did your baby like the bath?		

13. How long did the bath take _____.

14. How did you give the bath?

sink small tub sponge bath big tub

_____
parent sign

BEST COPY AVAILABLE

APPENDIX Z

PARENT-CHILD INTERACTION UNIT RESULTS

PARENT-CHILD INTERACTION UNIT

RESULTS

CLASS I, PERIOD I	
total participants	19
% participation	58%
total baths	114
total books read	58
total toy interaction	38
CLASS I, PERIOD II	
total participants	20
% participation	85%
total baths	221
total books read	159
total toy interaction	103
CLASS II, PERIOD I	
total participants	19
% participation	79%
total baths	161
total books read	94
total toy interaction	68
TOTAL PARTICIPANTS	58
AVERAGE PARTICIPATION	74%

APPENDIX AA

REQUEST FOR INCENTIVE LETTER

March 5, 1997

To Whom It May Concern;

The Independent School District Teen Parenting Program provides childcare, agency referral, counseling, and parenting classes for pregnant or parenting students.

In 1996, three homicides in the area were children of teen parents. In an effort to prepare students for their roles as parents, the program is providing a parenting contest. The students will enhance their parenting skills through interaction with children in the childcare center and through home assignments. They receive points each time they complete a task. This builds good parenting habits for young parents.

We are providing incentives each week for the students with the most points to encourage their positive interaction with their children. Please consider giving a donation or gift certificate for these incentives.

Thank You for helping to make these teens successful in their multiple role of student, parent, and wage earner.

Sincerely,

Georgiana Reagan
Director
incentives

APPENDIX BB

COMMUNITY DONATION INCENTIVE LIST

COMMUNITY DONATIONS
&
INCENTIVE LIST

COMPANY	ITEM	AMT.
Taco Bueno	3 value meals	9.00
Kentucky Fried Chicken	2 8 piece meals	20.00
Taco Bell	15 burritos	12.90
Hastings Book Store	5 free video rentals	12.45
Blockbuster Video Store	10 free video rentals	30.00
Mall of Abilene	25 mini tool kits	75.00
Natisha's Portraits	free portrait package	8.95
U A Cinema Movie Theatre	2 free movie passes	12.00
Park Central 6	6 free movie passes	36.00
Putt Putt Golf	5 free games	17.50
Long John Silvers	2 free chicken/fish	10.00
Chilis	6 free appetizers/desse	36.00
Wiernerschnitzel	1 sandwich/fries/drink	3.50
Outpost	gift certificate dinner	25.00
Dairy Queen	135 free ice creams	70.00
Baskin Robbins	31 free ice creams	32.55
CICIs Pizza	2 dinners	5.98
Joe Allens	gift certificate dinner	15.00
Westwood Twin Theatre	11 movie passes	16.50
Razzmatazz	3 free tans	12.00
Sears Portrait Studio	12 portrait packages	885.60
National Hair Care Center	2 free cut and styles	29.90
American Studios	1 portrait package	16.85
Shear Perfection	2 free hair cuts	20.00

Mr. Gattis	4 free dinners	17.56
Wendys	3 single combo meals	15.00
Chick-fil-a	10 free ice creams	10.00
McDonalds	5 free cookies/drinks	7.00
Grandys	2 free meals	10.00
Texas College of Cosmetology	3 manicures	15.00
Nancy & Joey Newman	Cabinets	600.00
Bogies	4 free sandwiches	22.00
HEB	gift certificate	30.00
United Supermarkets	gift certificate	25.00
Olive Garden	gift certificate dinner	25.00
Target	gift certificate	25.00
Burger King	5 meals	25.00
	TOTAL	2,239.24

APPENDIX CC

HEALTH AND SAFETY UNIT OUTLINE

HEALTH AND SAFETY

OUTLINE

1. Director go over rules of the childcare center with students.

   A. wash hands
   B. must work on assignments
   C. if you have questions about how or why a child is cared for please ask

2. Director go over home assignments for health and safety with students.

   A. point out questions from the pretest
   B. give students copies of home assignments and explain

3. Director explain the childcare center health and safety checklist.

4. Intern explain home transportation check list and point out questions from pretest.

5. Divide students into 2 groups.

   A. Director takes group 1 and helps students complete checklists for the childcare center

      1. each student receives stamps for completion of checklists

   B. Intern takes group 2 and shows a film on car seat safety and discusses any questions.

      1. class then goes outside to put car seats into cars

      2. uses several car seats and employee's cars

3. each student receives a stamp for completion

6. The group leaders switch groups and complete the same activity with the second group.

7. If time permits, students will all gather together and director will go over reading form, toy form, and bathing form and questions from pretest. (students may check in toys).

APPENDIX DD

CHILD CARE CENTER HEALTH & SAFETY CHECKLIST

CHILD CARE CENTER

HEALTH CHECKLIST

Please look through the center or interview staff to answer the following.

	YES	NO
1. Each child has a clean bed or cot.		
2. Trash cans where soiled diapers are stored have tight fitting lids.		
3. All baby bottles are clearly marked with child's name.		
4. Bottles are never propped.		
5. Children under six months are held while bottle fed.		
6. Infants sleep only on back or side.		
7. First aid supplies are available.		
8. First aid guide is available.		
9. Staff wash their hands after diapering.		
10. Staff disinfect changing area after each diaper change.		
11. Staff wash hands before feeding children.		
12. Staff wear gloves when changing diapers.		
13. Cribs are sanitized before being used by another child.		
14. Tables and chairs are sanitized after use.		
15. Prescription medication is administered only with parent's permission.		
16. Over the counter medication is administered only with physician's written permission.		
17. Medications are not administered after the expiration date on the medication.		
18. Children are offered at least 1/2 of their daily food needs while in care at the center.		

19. All children have regular meals and snacks at the center.

20. Special diets are approved in writing by a physician.

CHILD CARE CENTER

SAFETY CHECKLIST

Instructions: Please check the child care center for the following safety items. Interview staff members for answers or help with any questions you may have.

	YES	NO
1. Child-proof covers are on all electrical outlets not in use.		
2. Hot water is not over 120 degrees when accessible to children.		
3. Hot and cold running water is available in the kitchen and bathroom.		
4. Emergency phone numbers are posted next to each telephone.		
5. An evacuation plan is posted in each room.		
6. There is a flashlight available in each room.		
7. The building is equipped with a fire alarm system.		
8. There are at least two fire extinguishers in the building.		
9. The fire extinguishers are maintained and serviced regularly.		
10. Staff know where fire extinguishers are located and how to operate them.		
11. All cleaning supplies and chemicals are out of reach of children.		
12. All exit doors are marked with exit signs.		
13. The center has a gas leak inspection one time per year.		
14. Staff are always in the room with the children. Children are never left alone.		

APPENDIX EE

HOME HEALTH & SAFETY CHECKLIST

HOME SAFETY

CHECKLIST

Instructions: Please complete this checklist. At the bottom, please answer the questions and have your parent sign for completion of the task. Return the form to your PEP teacher or to the child care center. Keep in mind while completing this list that all of our homes may not be set up for children, this list will help you find areas you may want to change.

	YES	NO
1. Electrical outlets are covered with safety plugs.		
2. Cleaning materials, detergents, medicines, and plastic bags are stored in locked cabinets or out of the reach of children.		
3. Adult scissors, knives, and other sharp or pointed objects are out of children's reach.		
4. Walls and furnishings are painted with lead-free paint.		
5. Matches are in containers out of children's reach as are cigarettes and lighters.		
6. Venetian blind cords and telephone cords are out of reach of children.		
7. The television set is pushed against the wall so children can not reach the back.		
8. There are no poisonous plants such as diffenbachia or poinsettas in the reach of children.		
9. Cribs are not placed near venetian blind cords or electrical outlets.		
10. Curling iron cords are not within reach of children.		
11. Pillows are not used in cribs for infants.		
12. Mattresses fit snugly into corners so infant's head cannot become wedged.		
13. Breakable or hard objects are not hung on walls over cribs.		

	YES	NO
14. Crib slats have no more than 2 3/8 inches spacing between them to prevent a baby's head from slipping between the slats.		
15. Handles of pots and pans face in on the stove.		
16. Trash is inaccessible to children and kept in a container with a tight fitting lid.		
17. Fans and floor heaters are protected and out of reach of children.		
18. Electrical cords are secured to prevent tripping or pulling on them.		
19. Children should not be left on the bed to play or jump.		

After completing the checklist, please answer the following:

1. List two areas you answered "no" to that you want to change.

   1.

   2.

2. How will you make these changes and what will you need to make the changes?

_____ parent signature

_____ student signature

HOME HEALTH

CHECKLIST

Instructions: Please answer the following questions and have your parent sign at the bottom. Return the form to the PEP teacher or the child care center for contest credit.

	YES	NO
1. My baby's bottles and nipples are sterilized each time before I use them.		
2. I bathe my baby once a day or at least five times per week.		
3. I discard any formula left in my baby's bottle after a feeding.		
4. When I am unable to bathe my baby, I wash my baby's diaper areas, hands, face, and hard to reach places in the neck.		
5. I dispose of any formula left in the container if I do not use it within 24 hours.		
6. I keep my infant away from dogs and cats that may have ringworm, fleas, or may scratch my baby.		
7. I keep all medicine bottles and containers away from my child even if they are empty.		
8. I have emergency numbers close at hand with the doctor's number.		
9. I do not prop my baby's bottle.		
10. My baby sleeps only on his or her back or side.		
11. I watch my child for signs of illness.		
12. I take my child to the doctor when ill.		
13. I change my baby's crib sheets often.		
14. I put clean clothes on my child each day.		
15. I change my baby's diapers often each day.		

_____ _____

parent name student name

APPENDIX FF

HOME ASSIGNMENT TRANSPORTATION CHECKLIST

TRANSPORTATION

HOME ASSIGNMENT CHECKLIST

	YES	NO
1. I do not take my child out of the car seat while the car is moving.		
2. I place my baby's car seat in the middle of the back seat because that is the safest place for my baby.		
3. I do not give my child anything to eat or drink while riding because they could choke on it.		
4. Until my child moves from an infant car seat to a convertable, I place him or her in the back seat facing backwards.		
5. I use the proper car seat for the age and weight of my child.		
6. I give my child only soft toys to play with while in the car seat.		
7. I place the locking clip on the safety belt to hold the car seat in place tightly.		
8. I follow the manufacturers' guidelines when using my child's car seat.		

Tell us how you could change one of the above that you answered "no" to.

_____

parent sign

APPENDIX GG

DEVELOPMENTAL MILESTONES UNIT OUTLINE

Developmental Milestones

Outline

April 7-11

I. Discussion of developmental stages

A. 4 areas of development

1. Cognitive
2. Social/emotional
3. Language
4. Physical

B. Distribute handouts

1. discuss difference in Ms. Chambers stages and in the handout

a. children need all four areas of development to develop whole child

b. all children develop at different rates, these are just guidelines

C. Divide group into four smaller groups

D. Make chart of 0-6 mo. and 6-12mo. age level

1. have 0-6 mo. group give activities from lists that children could be doing at specific ages

2. have 6-12 mo. group give activities from lists that children could be doing at 6-12 months.

3. have a student or intern prepare chart on white board (0-12months)

II. Explain classroom activity

A. All children have been switched to other classrooms

B. 2 groups will go into classrooms and using the chart for their age group choose one child that they believe meets the criteria for that age group.

1. the caregiver will take the chosen child to the class and the group will explain to the class why they chose that child

a. 0-6 month group will be looking for a 1-3 month old child

b. 6-12 month group will be looking for a 4-6 month old child

2. give examples from the list

3. don't ask the staff what the child can do

4. see which items on the list the child can do by playing with the child (remember to wash your hands)

5. explain to the class why this child was chosen

6. about 10 minutes for activity

7. staff show the age of the child (written on diaper)

III. Chart of activities for 12-18 months and 18-36 months

A. Director stay with remaining 2 groups and complete chart for those age groups

B. After first two groups complete activity, send second two groups (10minutes each) into the classroom

1. 12-18 month group looking for 13-16 month old
2. 18-36 months looking for

C. complete the activity as before

D. While waiting for group 3 and 4, group 1 and 2 can check out books and toys from the library

E. finish activity with group 3 and 4 telling class why they chose specific children and show the ages of the children chosen

IV. Give out prizes

V. Check out toys and books for group 3 and 4.

APPENDIX HH

STAGES OF DEVELOPMENT

DEVELOPMENTAL MILESTONES

0-3 MONTHS

Grasps objects when placed in hand
Begins to roll over
Raises head while lying on back
Babbles, coos, and gurgles
Responds to faces and voices
Enjoys being talked and sung to

3-6 MONTHS

Balances head
Reaches with both hands
Pulls to a sitting position and sits alone for a short while
Puts fingers and objects in mouth to explore
Holds onto bottle while being fed
Follows moving objects with eyes
Holds, sucks, bites crackers
Smiles at reflection in the mirror
Laughs and makes noises to show pleasure
Recognizes bottles
Tries to imitate sounds

6-9 MONTHS

Rolls over from back to stomach
Pulls along on stomach, crawls
Pulls self up, stands holding on
Sits alone
Holds two objects
Transfers objects between hands
Pushes away something not wanted
Participates in games like peek-a-boo
Uncovers a hidden toy
Begins to say dada and mama
Responds to own name
Plays give and take games
Looks at picture books

9-12 MONTHS

Crawls
Stands alone
Walks holding onto furniture or adult
Likes to carry objects
Eats messily with a spoon
Feeds self small pieces of finger foods
Opens drawers and cupboards
Picks up small objects with thumb and first finger
Plays pat-a-cake
May cling to a familiar person if a stranger is present
Shows emotions happy, sad, hurt, angry
Tries to name a few familiar persons
Dumps objects out of a box
Looks at pictures in a book
Can find an object placed under another object
Combines words and gestures bye-bye
Continues to mimic sounds
Stops doing something when told "no"
Likes action games and songs
Likes hearing toys, objects, pictures
Enjoys crawling and chasing games

12-18 MONTHS

Walks with good balance
Can sit down from a standing position
May have six teeth
Likes to climb and pull things off shelves
Begins to throw objects
Walks up and down stairs with help
Pulls clothes off
Uses a spoon with less mess
Drinks from a cup
Can stack a tower of two blocks
Shows a preference for a toy
May be possessive--mine
Understands one step directions

Connects the order of events like eating, clean-up, nap
Looks for something in more than one place
Points to a familiar object when named
Likes to explore and investigate the environment
Wants to be independent
Is curious and gets into everything
Uses mama and dada correctly
Puts simple words together
Uses one word to indicate needs "up"
Imitates words
Labels objects
Understands more that they can express
Plays with water pouring from one container to another
Sings song and plays singing games
Likes pull or push toys
Stacks blocks and boxes
Likes to read stories and look at books together
Rolls a ball

18-24 MONTHS

Walks and runs without falling
Climbs and sits in a chair
Walks up stair without help
Likes to throw
Builds a tower of several blocks
Scribbles with a crayon
Turns pages of a book
Likes to feed self
Enjoys house play activities
Plays beside other children but may not share easily
May slap, bite, or hit and refuse to do what is asked
Names familiar objects
May refer to self by name
Recognizes body parts on a doll
Uses 2-3 word sentences
Asks simple questions
Names pictures, points to parts of the body
Enjoys fingerplays
Follows simple stories

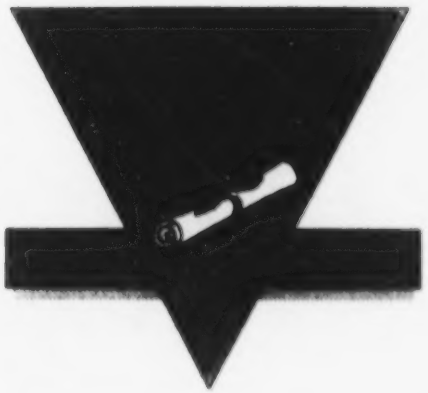
Sings songs
Enjoys sand play filling and dumping
Throws and kicks balls

24-36 MONTHS

Runs and pedals a tricycle
Jumps
Makes simple lines with a crayon
Builds a seven-to-ten block tower
Uses scissors to chop paper
Washes and dries hands
Stays dry all night
Shows signs of readiness for toilet training
Begins to wait for turns
Becomes frustrated easily
Tries to help with chores
Participates in parallel play
Can count two objects
Matches colors, sizes, shapes or textures
Names one color
Uses 3-4 word sentences
Uses words to show feelings and thoughts
Uses me I and you
Speaking vocabulary may reach 200-300 words
Recounts events of the day
Enjoys circle games
Plays housekeeping and dramatic games
Paints
Enjoys water play
Climbs
Throws and catches balls

APPENDIX II

STUDENT RESOURCE DIRECTORY



RESOURCE DIRECTORY

PREGNANCY EDUCATION PARENTING PROGRAM

*provided by the Independent School District
Pregnancy Education Parenting Program

BEST COPY AVAILABLE

INDEPENDENT SCHOOL DISTRICT

PREGNANCY EDUCATION PARENTING PROGRAM

STREET

ABILENE, TEXAS 79603

RESOURCE DIRECTORY

1996-1997

.....Director

.....Counselor

phone:915-671-4645

TABLE OF CONTENTS

BASIC NEEDS

Clothing 4

Financial/Employment 4

Food 5

Shelter 5

CHILDCARE

Group Day Homes 7

Licensed Centers 7

Low-income/sliding scale 9

Medically Fragile Children 9

Mothers day out 10

COUNSELING

Abilene ISD 11

Adoption 11

MHMR Counseling 11

Pregnancy Counseling 11

Private Counseling 11

EDUCATION

Adult Education 12

Alternative Schools 12

Colleges 12

High Schools 12

Middle Schools 12

Parenting Classes 13

Technical Schools 13

HEALTH CARE

AIDS/STD's 14

Birth Control 14

Child Health 14

Drug and Alcohol Abuse 14

Prenatal 15

OTHER IMPORTANT NUMBERS 16

SUPPORT GROUPS 16

TOLL FREE NUMBERS 17

BEST COPY AVAILABLE

INTRODUCTION

Mission Statement: The purpose of the Pregnancy Education Parenting Program is to enable pregnant and school-age parents to become educated, graduated, self-sufficient, responsible, job oriented citizens and to recover to the education system those parents who have dropped out of school and who are below the compulsory attendance age.

Objectives: The program will work to reduce the drop-out rate among pregnant and parenting teens by providing a variety of specialized services. The program will provide education in parenting and self-sufficiency skills, while allowing each student-parent to continue receiving academic and vocational instruction on a school campus. Childcare, transportation, a specially designed individual education and career plan, agency referral, and counseling services will contribute to a decrease in the drop-out rate among pregnant and parenting students.

Student Qualifications: Student parents and pregnant students who are 21 years or younger and are currently enrolled in the Abilene Independent School District or who have dropped out and wish to re-enroll in the Abilene Independent School District are eligible to enroll in the PEP Program.

Resource Directory: This directory describes various programs and agencies, their addresses and phone numbers. These agencies may be able to assist with basic needs, health care, childcare, education/employment, and counseling services.

BASIC NEEDS

CLOTHING

Abilene Baptist Association Social Ministries, Inc.
1073 Sycamore, Abilene, Tx. 79602, 915/672-4193

Christian Service Center
901 Mesquite, Abilene, Tx. 79601, 915/673-7531

Good Will Industries, Inc.
1730 North 1st. Abilene, Tx. 79601, 915/676-7925

Isaiah 58
3001 North 3rd., Abilene, Tx. 79603, 915/672-6164

Salvation Army
1726 Butternut Street, Abilene, Tx. 79608, 915/677-1408

FINANCIAL/EMPLOYMENT

Aid to Families with Dependent Children (AFDC)
Texas Department of Human Services
400 North Willis, Abilene, Tx. 79603, 915/675-5150
(fill out application form, make appointment, have family income information available like old pay stubs, you may also need old utility bills like electric or water or gas)

Christian Service Center
901 Mesquite, Abilene Tx. 79601, 915/673-7531

Community Action Program
744 China, Abilene, Tx. 79602, 915/673-5781

Hendrick Home for Children
2758 Jeanette, P.O. Box 5195, Abilene, Tx. 79608, 915/692-0112

Salvation Army
1726 Butternut Street, Abilene, Tx. 79608, 915/677-1408

Social Security Administration
209 S. Danville Bldg. A, Abilene, Tx. 79605, 915/698-1360 or 1-800-772-1213

Taylor County Welfare
301 Oak, Abilene, Tx. 79602, 915/674-1341

Texas Employment Commission
826 Hickory, Abilene, Tx. 79604, 915/672-4361

West Central Texas Council of Governments (WCTCOG)
1025 EN 10th. Abilene, Tx. 79601, 915/672-8544

FOOD

Abilene Baptist Association Social Ministries, Inc.
1073 Sycamore, Abilene, Tx. 79602, 915/672-4193

Christian Service Center
901 Mesquite, Abilene, Tx. 79601, 915/673-7531

Community Action Program
744 China, Abilene, Tx. 79602, 915/673-5785

Food Stamps
400 N. Willis, Abilene, Tx. 79603, 915/675-5150, 676-7181
(fill out application, make an appointment, have family income amount available like pay stubs, you may need proof of utilities cost like old electric bills, etc.)

Highland Church of Christ
425 Highland Street, Abilene, Tx. 79603, 915/673-1234
Must present ID and information concerning need

Salvation Army
1726 Butternut Street, Abilene, Tx. 79608, 915/677-1408

Taylor County Welfare
301 Oak, Old Courthouse, Abilene, Tx. 79602, 915/674-1341

WIC (Women, Infants, Children)
2241 S. 19th, Abilene, Tx. 79605, 915/692-1680
2347 N. 6th, Abilene, Tx. 915-672-1378
(fill out application, call for appointment, have family income information available)

SHELTER

Abilene Housing Authority (HUD)
555 Walnut, Abilene, Tx. 79601, 915/676-6385
(fill out application to get on waiting list, call for appointment, you will need family income information and information about the people that would be living with you)

Harmony Family Services
1626 North 3rd., Abilene, Tx. 79601, 915/677-4663

Hendrick Home for Children
2758 Jeanette, P.O. Box 5195, Abilene, Tx. 79608, 915/692-0112

BEST COPY AVAILABLE

Noah Project, Inc.
1802 Grape, P.O. Box 875, Abilene, Tx. 79604, 915/676-7107

Salvation Army
1726 Butternut Street, Abilene, Tx. 79608, 915/677-1408

CHILDCARE

(Call centers and ask if they have openings for your child, go and visit the center to be sure it meets your needs and your child's needs, if there is no opening, ask if your child can be placed on a wait list).

GROUP DAY HOMES

Baker, Cynthia
644-C Clark, Abilene, Tx., 915-698-9925

Child Care Corner
1401 Briarwood, Abilene, Tx. 79603, 915-672-4872

LICENSED CENTERS

Abilene Christian After School
2550 N. Judge Ely Blvd., Abilene, Tx. 79601, 915-672-1200

Abilene ISD-PEP Program
2905 N. 6th., Abilene, Tx. 79603, 915-671-4645

Abilene Montessori Center
2611 Post Oak Rd., Abilene, Tx. 79605, 915-692-7000

Christ House
701 Mesquite, Abilene, Tx. 79601, 915-672-[illegible]

Day Nursery of Abilene Site 1
1202 Ash, Abilene, Tx. 79601, 915-677-2237

Day Nursery of Abilene Site 2
2150 Park, Abilene, Tx. 79603, 915-673-1781

Day Nursery of Abilene Site 3
1610 Vine, Abilene, Tx. 79602, 915-672-7351

Day Nursery of Abilene Site 4
650 Cedar, Abilene, Tx. 79601, 915-670-0002

Dyess Kids and Krayons
401 Delaware, Abilene, Tx. 79606, 915-695-1900

First Baptist Church Family Life Center
1442 North 2nd, Abilene, Tx. 79601, 915-675-8144

G L O Day Care Center
1333 North 3rd, Abilene, Tx. 79601, 915-675-8125

Happy Days Day Care
1957 Sayles, Abilene, Tx. 79605, 915-695-0566

BEST COPY AVAILABLE

His Majesty's Tender Loving Care
6000 Buffalo Gap Rd., Abilene, Tx. 79606, 915-698-7771

Holiday Hills Day Care
5309 Capitol Ave, Abilene, Tx. 79603, 915-692-6681

In The Oaks
3301 S. 14th. Abilene, Tx., 79606, 915-692-0649

Just Kids Preschool, Inc. I
3242 Beltway, Abilene, Tx. 79606, 915-692-2481

Just Kids Preschool, Inc. II
588 E. Ambler, Abilene, Tx. 79601, 915-673-0980

Kid's Castle
1941 N. 2nd, Abilene, Tx. 79603, 915-677-7947

Kids of Faith Day Care
5501 HWY 277, Abilene, Tx. 79606, 915-695-8654

Kids On Maple Street
2450 Maple, Abilene, Tx. 79602, 915-695-3016

Kinder Care Learning Center #213
2309 S. Willis, Abilene, Tx. 79605, 915-698-1878

Pioneer Drive Baptist Church
701 S. Pioneer, Abilene, Tx. 79605, 915-695-1451

Rainbow Bible School
733 E.N. 13th., Abilene, Tx. 79601, 915-673-6972

Small World of Learning
1718 Dayton, Abilene, Tx. 79605, 915-692-7391

St. James Child Development Center
3100 Barrow, Abilene, Tx. 79605, 915-692-5790

The King's Kids Child Development Center
3374 E. Ambler, Abilene, Tx. 79601, 915-672-0950

Kid's Kampus Child Care Center
1410 Portland, Abilene, Tx. 79605, 915-698-8687

The Schoolhouse
542 Beech, Abilene, Tx. 79605, 915-672-1607

Wood Day Care Center
2797 Cedar, Abilene, Tx. 79601, 915-673-1229

Wylie Baptist Church Day Care Center
6097 Buffalo Gap Rd., Abilene, Tx. 79606, 915-692-6381

Wylie United Methodist Church DCC
6250 Buffalo Gap Rd., Abilene, Tx. 79606, 915-698-5125

Young Children's World
425 Highland St. Abilene, Tx. 79605, 915-677-1809

YMCA Redbud Park
3125 S. 32nd. St., Abilene, Tx. 79605, 915-695-3400

YMCA State Street
3250 State St., Abilene, Tx. 79603, 915-677-8144

YWCA After School Program
1350 N. 10th., Abilene, Tx., 79601, 915-677-5321

FOR FAMILIES WITH LOW INCOME/SLIDING SCALE
(Call the center to see if there is an opening for your child, visit the center to see if it meets your needs, you will need family income information)

Christ House
701 Mesquite, Abilene, Tx. 79601, 915-672-6522

Day Nursery of Abilene Site 1
1202 Ash, Abilene, Tx. 79601, 915-677-2237

Day Nursery of Abilene Site 2
2150 Park, Abilene, Tx. 79603, 915-673-1781

Day Nursery of Abilene Site 3
1610 Vine, Abilene, Tx. 79602, 915-672-7351

Day Nursery of Abilene Site 4
650 Cedar, Abilene, Tx. 79601, 915-670-0002

G L O
1333 North 3rd. Abilene, Tx. 79601, 915-675-8125

Pregnancy Education Parenting Program (PEP)
2905 N. 6th. Abilene, Tx. 79603, 915-671-4645

MEDICALLY FRAGILE CHILDREN

The House That Kerry Built
751 Hickory, Abilene, Tx. 79601, 915-672-6860

BEST COPY AVAILABLE

MOTHERS DAY OUT

Aldersgate United Methodist
1741 Sayles, Abilene, Tx. 79605, 915-677-1045

BEST COPY AVAILABLE

COUNSELING

ABILENE INDEPENDENT SCHOOL DISTRICT COUNSELORS

Abilene High School
2800 N. 6th., Abilene, Tx. 79603, 915-677-1731

Cooper High School
3639 Sayles Blvd., Abilene, Tx. 79605, 915-691-1000

Excel Education Center
342 Cockrell Dr., Abilene, Tx. 79601, 915-677-0753

Pregnancy Education Parenting program
2905 N. 6th., Abilene, Tx. 79603, 915-671-4645
(See DeeDee Ammons at PEP)

ADOPTION COUNSELING

Christian Homes of Abilene
242 Beech, Abilene, Tx. 79601, 915-677-7981

MHMR COUNSELING

Child and Adolescent Services
2616 S. Clack, Abilene, Tx. 79606, 915-690-5106

PREGNANCY COUNSELING

Abilene ISD, PEP Program
2905 N. 6th., Abilene, Tx. 79603, 915-671-4645
(Contact DeeDee Ammons)

PRIVATE COUNSELING

Harmony Family Services
1626 N. 3rd., Abilene, Tx. 79601, 915-672-8820

Family Psychology Center
Hardin-Simmons University, Drawer Z, HSU Station, Abilene, Tx. 79698, 915-670-1531

Pastoral Care and Counseling Center
1317 N. 8th. Suite 200, Tx. 79601, 915-672-5683

BEST COPY AVAILABLE

EDUCATION

ADULT EDUCATION

Big Country Adult Education,
1101 S. 9th., Abilene, Tx. 79602, 915-677-5003

ALTERNATIVE SCHOOLS

Project Pass
342 Cockrell, Abilene, Tx. 79601, 915-672-6456

Excel Education Center
342 Cockrell, Abilene, Tx. 79601, 915-677-0753

COLLEGES

Abilene Christian University
1600 Campus Court, Abilene, Tx. 79699, 915-674-2000

Cisco Junior College
841 N. Judge Ely Blvd., Abilene, Tx. 79601, 915-673-4567

Hardin-Simmons University
2200 Hickory, Abilene, Tx. 79601, 915-670-1000

McMurry University
14th & Sayles Blvd., Abilene, Tx. 79602, 915-691-6200

HIGH SCHOOLS

Abilene High School
2800 N. 6th., Abilene, Tx. 79603, 915-677-1731

Cooper High School
3639 Sayles Blvd., Abilene, Tx. 79605, 915-691-1000

MIDDLE SCHOOLS

Clack Middle School
1610 Corsicana, Abilene, Tx., 915-692-1961

Franklin Middle School
1200 Merchant, Abilene, Tx., 915-677-3791

Jefferson Middle School
1741 S. 14th., Abilene, Tx., 915-677-3505

Lincoln Middle School
1699 S. 1st., Abilene, Tx. 915-672-3279

BEST COPY AVAILABLE

Madison Middle School
3145 Barrow St., Abilene, Tx. 915-692-5661

Mann Middle School
2545 Mimosa, Abilene, Tx. 915-672-8493

PARENTING CLASSES

PEP Program
2905 N. 6th., Abilene, Tx., 79603, 915-671-4645
(contact DeeDee Ammons)

Family Outreach
400 Oak Street, Abilene, Tx. 79602, 915-672-6459

TECHNICAL SCHOOLS

Action Career Training
273 CR 287, Merkel, Tx. 79536, 915-695-1594

Aladdin Beauty College
2940 N. 1st., Abilene, Tx. 79603, 915-673-4754

American Commercial College
402 Butternut, Abilene, Tx. 79602, 915-672-8495

Stenograph Institute
202 Pine St., Abilene, Tx. 79601, 915-677-2003

Texas College of Cosmetology
117 Sayles, Abilene, Tx. 79602, 915-672-0532

Texas State Technical College
650 E. Highway 80, Abilene, Tx. 79601, 915-677-0532

BEST COPY AVAILABLE

HEALTH CARE

AIDS/STD's

Abilene Public Health Department
317 Pecan, Abilene, Tx. 79608, 915-676-7825

Family Planning
774 China, Abilene, Tx. 79602, 915-673-5781
(pregnancy testing also)

BIRTH CONTROL

Abilene Public Health Department
2241 S. 19th., Abilene, Tx. 79605, 915-692-5600

Family Planning
774 China St., Abilene, Tx. 79602, 915-673-5781

CHILD HEALTH

ABC (Advancing Babies Chances)
2616 S. Clack St #110, Abilene, Tx. 79606, 915-690-5230
(provides developmental testing, works individually with children between 0-3 years)

Abilene Public Health Department
2241 S. 19th., Abilene, Tx. 79605, 915-695-5600
Immunizations, Well-child clinic, family planning,

Hendrick Family Clinic
1242 N. 19th., Abilene, Tx. 79601, 915-670-2678
(call for appointment, provide medicaid information and family income information)

Mend a Child
174 Cypress, Suite 301, Abilene, Tx. 79601, 915-673-0782
(help with cost of prescriptions, etc.)

Medicaid
317 Pecan, Abilene, Tx. 79602, 915-673-5217
(fill out application, call for appointment, have family income information available)

Presbyterian Mission Clinic
302 Medical Drive, Abilene, Tx. 79601, 915-672-5601
(low cost medical clinic)

DRUG AND ALCOHOL ABUSE

Abilene Counseling Center
80 Lawrence Circle, Abilene, Tx. 915-695-2673

BEST COPY AVAILABLE

Abilene Regional Council on Alcohol and Drug Abuse
104 Pine Suite 110, Abilene, Tx. 915-673-2242

Charter Counseling Center of Abilene
4601 Buffalo Gap Rd., Abilene, Tx. 915-692-5555

Hope Drug Counseling Center
1133 N. 2nd., Abilene, Tx. 915-675-0454

Serenity House Detox
1546 N. 2nd., Abilene, Tx. 915-673-6489

Shades of Hope
Buffalo Gap, Tx. 915-673-0454

Substance Abuse Service
2626 S. Clack, Abilene, Tx. 915-690-5176

PRENATAL

Abilene Public Health Dept (Maternity Clinic)
2241 S19th., Abilene, Tx., 915-692-5600

Family Planning
774 China, Abilene, Tx., 915-673-5781

Hendrick Prenatal Clinic
1242 N. 19th., Abilene, Tx. 915-670-7724

Woman Care Center (Abilene Regional Medical Center)
1680 Antilley Rd. Suite 300, Abilene, tx. 79606, 915-691-2500

BEST COPY AVAILABLE

OTHER IMPORTANT NUMBERS

Abilene Police Department 911

Call for Help 673-8211

Child Care Management Services (CCMS) 1-800-542-4045/672-5633 (call to get on wait list for childcare, have available social security numbers of all household members, family income information, any services you are receiving like AFDC, Food stamps, Medicaid, be sure they know you are a teen parent)

City Link Bus Service 676-6287

Crime Victim Crisis Center 677-7895

Crisis Line 677-8688

Legal Aid 677-8591

Noah Project 676-7107

Social Security Administration 698-1360

Transportation (AISD) 698-1628

West Texas Girl Scout Council, Inc. 698-1738

SUPPORT GROUPS

Alateen 677-2592

Alcoholics Anonymous 673-2711

Big Country AIDS Support Group 677-2437, 690-9559

Narcotics Anonymous 691-4280

TOLL-FREE NUMBERS

AIDS Hotline 1-800-342-2437/690-9559

Ask a Nurse 1-800-635-9991

Attorney General's Office 1-800-252-3515

Cocaine Abuse Access-24hr. helpline& Treatment 800-787-7505

Income Assistance Hotline 1-800-252-9330

Noah Project 1-800-444-6443/676-7107

Poison Control Center 1-800-764-7661

Venereal Disease Hotline 1-800-227-8922

APPENDIX JJ

SAMPLE NOTEBOOK INFORMATION

HIP DEEP IN ALLIGATORS

Biting Behavior in Young Children

You fly in the door one evening to pick up your daughter* at child care, and as you swoop down to hug her, your joy turns to shock. There, on her face, is an ugly bruise the size of a plum. On closer inspection you see a perfect semicircle of little red marks inside the bruise. Good grief, what has happened?

It's the "B" word. The dreaded "Biting Incident." Many adults feel strong emotions — anger, shock, confusion, disappointment — the first time they encounter biting in young children. If your child is the "bitee," you may feel angry at the "biter," his parents, and your child care provider. *(She should protect my child!)* If your child was the biter, you may feel embarrassed, and once again, angry at the child care provider. *(She should stop my child from biting!)* As you can see, the child care provider is on the losing end in this situation, because she receives the anger of both parents. A little understanding about why children bite and how to handle the situation will help everyone feel more comfortable during the biting period.

Why Do Children Bite?

Biting is a natural part of development during infancy and toddlerhood. A baby's biting is exploratory. Infants are curious about their environment and will experience and explore with their mouths. In addition, when a young child is teething, it feels good to bite. During this growth stage, when the child bites and the "bitee" reacts — "Ouch! That hurts!" — the child will be surprised by the reaction.

Later, a child may begin to bite with an objective in mind. For example, if a child sees another child playing with a toy he wants, he may bite to get a desired reaction: He bites, the child drops the toy. This kind of biting can begin as early as seven months and last well into the second year of life. If a child learns that biting produces results, he will continue to bite.

Another reason young children bite is that during infancy and early toddlerhood, children are preverbal — they do not have the language skills to express what they want. In addition, they have limited means for expressing feelings. So, for some children, biting is an outlet for releasing strong emotions such as anger or frustration. As their language skills increase, and they are better able to satisfy their needs through talking, the incidences of biting will decrease.

If your child is four years old or older and he is biting, it is more serious. Biting behavior at this age can indicate an emotional problem. Parents need to take immediate action to stop the biting and to seek help determining what is happening in their child's life that is causing the behavior.

BEST COPY AVAILABLE

Austin Families Inc.

This publication was produced under a grant from the Texas Department of Community Affairs. Austin Families Inc. is a non-profit child care resource and referral agency whose goal is the development of resources to assist working parents and their children.

© 1991 by Austin Families Inc., 3307 Northland Drive, Suite 460, Austin, Texas 78731 (512) 454-4732

* Please note that in referring to children and child care providers, we have alternated between the sexes. We trust you'll understand.

101 Ways to Praise a Child

Wow ◆ **Way to Go** ◆ *Super* ◆ You're Special ◆ **Outstanding** ◆ *Excellent* Great ◆ **Good** ◆ *Neat* ◆ Well Done ◆ **Remarkable** ◆ *I'm Proud of You* ◆ I Knew You Could Do It ◆ **Fantastic** ◆ *Super Star I'm Proud of You* ◆ Nice Work ◆ **Looking Good** ◆ *You're On Top Of It* ◆ Beautiful ◆ **Now You're Flying** ◆ *You're Catching On* ◆ Now You've Got It ◆ **Bravo** ◆ *You're Incredible* ◆ You're Fantastic ◆ **You're On Your Way** ◆ *Hurray For You You're On Target* ◆ You're Incredible ◆ **How Nice** ◆ **How Smart** ◆ *Good Job* ◆ That's Incredible ◆ **Hot Dog** ◆ *Dynamite* ◆ **You're Beautiful** ◆ *You're Unique* ◆ Nothing Can Stop You Now ◆ **Good For You** ◆ *I Like You* ◆ You're a Winner ◆ **Remarkable Job** ◆ *Beautiful Work* ◆ Spectacular ◆ **You're Spectacular** ◆ *You're a Darling* ◆ You're Precious ◆ **Great Discovery** ◆ *You've Discovered the Secret* ◆ You've Figured It Out ◆ **Fantastic Job** ◆ *Exceptional Performance* ◆ You're a Real Trooper ◆ **You are Responsible** ◆ *You are Exciting* ◆ You Learned It Right ◆ **What an Imagination** ◆ *What a Good Listener* ◆ You are Fun ◆ **You're Growing Up** ◆ *You Tried Hard* ◆ You Care ◆ **Beautiful Sharing** ◆ *Outstanding Performance* ◆ You're a Good Friend ◆ **I Trust You** ◆ *You're Important* ◆ You Mean a Lot to Me ◆ ***You Belong*** ◆ *You Make Me Happy* ◆ You've Got a Friend ◆ **You Make Me Laugh** ◆ ◆ *You Brighten My Day* ◆ I Respect You ◆ **You Mean the World to Me** ◆ *That's Correct* ◆ You're a Joy ◆ **You're a Treasure** ◆ *You're Wonderful* ◆ You're Perfect ◆ **Awesome** ◆ *A-Plus Job* ◆ You're the Best ◆ **A Big Hug** ◆ *A Big Kiss* ◆ I Love You ◆ **P.S. A Smile is Worth a 1000 Words!** ◆

Reprinted courtesy of the Pebble Project/Communities in Schools.

BEST COPY AVAILABLE

When Your Baby Won't Stop Crying

All babies cry when they are hungry, tired, or uncomfortable. But what should you do if your baby continues to cry even when there is no apparent reason? Here are some tips to help you cope.

1 **Stay calm.** It is normal for infants to experience crying spells, especially during the first three months. According to some estimates, as many as nine out of ten babies have fussy periods at some time during the day, and one in five experience the more severe crying periods known as colic. No one really knows what causes the crying, although there are a lot of theories. Crying spells can last from fifteen minutes to several hours and tend to occur around the same time every day, usually in the evening. While the experience can be very frustrating for parents, it usually begins to improve within a few weeks.

2 **Try soothing the baby.** Gentle motion and steady, rhythmic sounds are very comforting, and may soothe a crying baby to sleep. Rocking, walking, and carrying the baby close to your body are all tried and proven methods, as are singing and patting the baby's back or stomach. Different methods work for different babies, and it may take some trial and error to find one that works for you.

3 **Get relief.** Ask your spouse, partner, or a trustworthy family member or friend to stay with the baby while you get out. Even if you are only able to take a short walk or make a trip to the store, a break will help you to keep your perspective. If possible, find opportunities to talk with other parents. Sharing your frustrations and knowing you are not alone can be a great relief.

4 **Check with your doctor.** If the baby continues to cry, or if you feel concerned, call your pediatrician or clinic. Chances are, it's nothing serious, but your practitioner may be able to offer reassuring advice.

5 **Tune it out.** If you are certain there is no reason for the crying, and nothing seems to comfort the baby, put her in her crib (on her back or side), and let her cry. Some babies cry themselves to sleep.

6 **If you find yourself becoming angry...** It is not uncommon for new parents to experience feelings of frustration and even anger when confronted with a baby who won't stop crying, especially if they are already tired and stressed. Most of the time these feelings pass quickly and do no harm. But if you find yourself increasingly angry at your baby or feeling violent impulses toward him, seek help immediately.

7 **Never, <u>never</u>, shake your baby.** Shaking a baby can cause internal injuries, brain damage, and even death.

BEST COPY AVAILABLE

Texas Department of Protective and Regulatory Services

Never Shake a Baby!

Did You Know:

- Shaking an infant can cause brain damage, blindness, mental retardation, and even death.
- Head trauma is the leading cause of disability and death among abused infants and children. Violent shaking is involved in many of these cases.
- Although professionals have been calling for a campaign to alert parents for decades, less than half of all Americans are aware that shaking a baby can lead to brain damage and death.

Play Safely

Occasionally a parent or caretaker causes unintentional harm by playing too roughly, throwing a small child into the air too vigorously, or hitting an infant too hard on the back. Although parents should not be afraid to handle their children, or to let others play with them, they should remember to be gentle.

Always take care when handling a child under age two. Make sure that anyone who cares for your child knows that children should never be shaken for any reason.

Never Shake a Baby

Shaken baby syndrome most often occurs when parents or caretakers become frustrated or angry with a child. Instead of shaking, there are many safer ways to handle a crying baby:

- Check first to see if the baby is hungry, wet, or uncomfortable.
- Try giving the baby a pacifier or teething ring.
- Take the baby for a walk or a ride in the car.
- Try hugging the child gently, rocking, or carrying him.

If you find yourself getting angry or upset, ask someone trustworthy to sit with the baby while you take a break. If all else fails, leave the baby in a safe place such as a crib and step out of the room or go outside until you feel more in control.

BEST COPY AVAILABLE

Put Yourself in Your Kids' Shoes: Choosing Child Care

You are considering putting your child in a registered family home or licensed child-care facility and want to make the best decision possible for your child. Visiting the facility is an important part of that decision-making process. The problem is, you are not sure what you should look for, once you get there. There are several things that are important:

Child Care Hotline
1-800-862-5252

1. The number of children each adult has to care for and the size of the group—lower is better.

2. Staff turnover—long-term employees indicate good working conditions.

3. The record of compliance to the Minimum Standards—compliance with minimum health and safety standards is important.

4. Education and experience of staff—the more they know, the better job they can do.

But you also need to use knowledge of your own children and what you want for them, to judge the suitability of a program. You can go a long way toward making a good choice if you will follow this slogan: "Put yourself in your kids' shoes." How would YOU like to spend 8-10 hours a day, five days a week, in this environment? With this in mind, take another look at the "people, places, and things" in a child-care environment.

People

Watch the staff with the children. Listen to their voices and the way they interact with the children. Are they patient? Do they seem to enjoy the children, or just to tolerate them? Do they sound enthusiastic about the activities they are offering or are they bored? Do they give the children choices or just tell them what to do? Do they threaten and say "no" often? How would you like to spend your days interacting with this person?

BEST COPY AVAILABLE

Texas Department of Protective and Regulatory Services

Choosing Child Care (cont)

Places

Look at the room and playground. Do they look like fun places? Are there places to build, places to read, places to do art, places to move, places to climb, places to sit all cozy and read in or just be alone? Is there room to move without running into other children, room to build things without others stepping on them, and room to run without crashing into things? Are these places light, clean, fresh-smelling, not too noisy (but not too quiet!) and not too wild? Does the outside place seem fun, with good play areas and interesting, safe equipment? Is there grass, shade, sand, and does it have a place to ride on riding toys? Is this the kind of place YOU would like to spend your days?

Things

Look at the things that are there for your child to use. Do they look safe and in good repair? Are there a variety of things that your child would find interesting, a little challenging, but not frustrating? Are there things, building things, things that would be fun to feel., see, hear, and smell? Are there enough things to choose from that your child will not always be waiting or having to fight for the interesting ones? Does the outdoor area have things to ride on, things to climb on, and things to dig with? Are there enough things to keep your child interested, learning, and having fun?

By asking these questions and seeing things through a child's eyes, you can get a "feel" for a program. If you feel good about your child being there, you will worry less about your choice. Follow-up visits after your child is enrolled will give you more information, as well as keep you up-to-date on changes in staff or environment. Just as you would never consider buying a car without test driving it, you shouldn't consider choosing a child-care program without spending some time in it. You are certain to be more pleased with your "purchase" if you do!

BEST COPY AVAILABLE

Helping Your Kids Behave While Shopping

Before You Go...

Check attitudes - Is your child too tired or hungry to shop? Are you? If yes, postpone your trip or find a babysitter.

Agree on rules - Before entering the store, say, "Stay close to me." "Use your quiet voice."

Agree on rewards - For good behavior, give a choice of one snack food or a stop at the park. Promise to read a book or play a game at home. Keep it simple and be sure to follow through on your promises.

When You Get There...

Make shopping fun - Make a game of it. Ask "Who can see the shoe store first?" "Who is wearing green?"

Give your child a chance to participate - When possible, allow your child to make a choice or decision: "Blue or red socks?"

Praise your child - "You are so helpful!" or "You are making good choices today!"

Don't try to do too much - When children are tired or bored they are more likely to misbehave. If you have a lot of shopping to do, try to spread it over more than one trip to the mall. Take occasional breaks—for a soda, lunch, or just to sit down—to give your child (and you) a rest.

If Your Child Misbehaves...

Keep your cool - Remember, kids will be kids. Try not to overreact.

Ignore inappropriate behavior unless it becomes dangerous, destructive, embarrassing to you, or annoying to others.

Remove a child who is out of control - Take him to the restroom or out of the store. Tell him quietly that his behavior is unacceptable. Wait for the child to calm down. Say nothing else. Then ask if he is ready to try again.

If all else fails, go home. Try again another day or find a sitter and return alone.

When Parents Punish Their Children in Public

1. Sympathize with the parent. Say something like, "She sure is a bundle of energy," or "My child used to get upset just like that."

2. Divert angry attention away from the child. Open up a conversation with the adult. Ask a question or directions, anything to provide a distraction and some time for the parent's anger to subside.

3. Compliment or praise the parent or child. Say something positive. "What a big, strong boy you have! How old is he?" or "It's hard to shop with a toddler. You have my admiration for managing it!"

4. Offer sympathy and help. Sometimes a parent's anger is fueled by embarrassment at the fuss the child is making. "Children sure wear you out! Is there anything I can do to help?" "Taking kids out to eat is hard! I'm sure everyone here is remembering that and giving you credit for your patience."

5. Alert the manager if you are concerned about the child's safety.

6. Quietly stand guard if the child is being neglected and is in jeopardy. For example, keep an eye on a child left unattended in a grocery cart or a toddler at a street or parking lot curbside.

7. If the parent's behavior is clearly out of control or the child appears to be in danger, call local police or 911. Be sure to give police any information you can which will help them to locate the child.

Adapted and excepted in part from "Side Orders," American Baby Magazine, June 1990

BEST COPY AVAILABLE

Dealing With Anger

- Everyone gets angry.
- Anger is a normal human feeling.
- The ways we express our anger may be unhealthy.
- Some ways to handle anger without hurting yourself or anyone else are:

- Stop take time out to calm down, reflect.
- Go for a walk or run. Work off your frustration through exercise.
- Get away go outside, go in another room, give yourself a little time alone.
- Turn negative energy into something productive. clean house, do yard work, tackle some other job you've been putting off.
- Tune out turn on some music, watch t.v., or read a book until you are ready to deal with the problem.
- Talk with someone else about your feelings call a friend or a helpline.
- Write your feelings down on paper.
- Don't let anger build and build. If your feelings don't go away, get help.

BEST COPY AVAILABLE

Toll-Free Help: Hotline Numbers

- **Abuse Hotline 1-800-252-5400** 24-hour hotline to report suspected child abuse or neglect. Operated by the Texas Department of Protective and Regulatory Services, the state's child welfare agency.
- **Adoption/Foster Care Information 1-800-233-3405** Dare to Love Program. Operated by the Texas Department of Protective and Regulatory Services.
- **American Humane Association** 1-800-227-5242 Provides child abuse/neglect fact sheets, packets, and statistics for sexual abuse in the United States.
- **Child Care Hotline 1-800-862-5252** Provides information about child care options and licensing standards. Operated by Texas Department of Protective and Regulatory Services.
- **Child Help USA 1-800-422-4453** Crisis line for children, offers advice, and provides literature for children.
- **Child Support Enforcement Hotline 1-800-252-8014** Hotline to answer questions about a child support case, or general child support information.
- **Covenant House Crisisline 1-800-999-9999** Counselors available 24 hours a day, 7 days a week to provide family conference calls between children and parents for family situations and it helps find overnight shelters for children.
- **Family Services of America 1-800-221-2681** Referral line with 260 agency referrals for foster homes, homeless shelters, homemaker services, teen pregnancies, teen parenting, mental health programs, divorce mediations, and financial planning services.
- **National Center for Missing and Exploited Children 1-800-843-5678** English or Spanish information on missing children and child pornography.

- **National Information Center for Children and Youth with Disabilities 1-800-695-0285** Personal responses to questions on disability issues, referrals to other organizations, and publications on helping children and youth with disabilities.
- **National Runaway Switchboard 1-800-621-4000** Crisis intervention referrals and information for runaways and family members. Message center and "homefree" through Greyhound Busline.
- **Texas Heartline 1-800-554-2323** Help for parents. Operated by Parents Anonymous.
- **Texas Runaway Hotline 1-888-580-HELP** Help for runaway youths and their families. Operated by the Texas Department of Protective and Regulatory Services.

BEST COPY AVAILABLE

Safety Tips for Parents

- Know everything you can about your children's activities and friends. Monitor children's activities and participate with them. Don't allow children to play alone in fields, on playgrounds, or in other dangerous or isolated areas.
- Teach your children about strangers.
- Teach your children to refuse anything from strangers, including money, gifts, or rides. Know where new items come from.
- Teach your children how to safely enter home alone. Teach them how to pretend you are home and how to answer the phone if they are alone.
- Teach your children to keep a safe distance from strangers and not to give strangers directions for help. Adults need to get help from other adults.
- Use secret codes with your children for use when they need to positively identify each other or ask for help.
- Do not let your children go to public places, especially restrooms, alone. Develop a family plan stressing where to meet if lost when you are away from home. Do not have children meet you in the parking lot.
- Do not place your children's names on their clothing or on the outside of their possessions.
- Teach your children to say "no" to touches on the parts of their bodies covered by a swimming suit.
- Teach your children to say "no," to tell someone, and to get away if someone bothers them.
- Join with other concerned parents to set up safety systems for your neighborhood.
- Teach your children which kinds of secrets are harmless and which ones are not. Assure them that some "secrets" have to be told if children and their parents are to be kept safe.

From Project SAFE, Houston Independent School District, and the Child Abuse Prevention Network, Houston

BEST COPY AVAILABLE

APPENDIX KK

"WHO YA GONNA CALL" UNIT OUTLINE

WHO YA GONNA CALL?

April 21, 23, 1997

AGENCY REFERRAL UNIT

I. Notebook

A. Go over contents of notebook with students.

B. Go over Resource Directory

1. Basic Needs

a. Clothing
b. Financial/Employment
c. Food
d. Shelter

2. Childcare

a. types

3. Counseling

a. Schools
b. Adoption
c. Private

4. Education

a. Adult Education
b. Colleges
c. Middle Schools
d. Parenting Classes
e. Technical Schools

5. Health Care

    a. AIDS/STD
    b. Child Health
    c. Drug and Alcohol Abuse
    d. Prenatal

6. Important Numbers

    a. Transportation

7. Toll Free Numbers

C. Game

1. Divide students into four groups

2. Give students scenarios and questions

    a. read scenarios, use resource directories to answer questions (see scenarios)

D. Toys and prizes

APPENDIX LL

"WHO YA GONNA CALL" UNIT SCENARIOS

"Who Ya Gonna Call"
BASIC NEEDS

Scenario I

LuLu had just found out she was pregnant. She had gotten up the nerve to tell her parents. She knew they would be angry because they expected her to be abstinent but she also knew they loved her and would be supportive of her.

The night she was going to tell her parents the whole story, her dad came home and announced he had lost his job that day. What would they do now? Her mom did not work and stayed at home with Lulu's younger brother and sister. Now another baby was on the way.

After several weeks had passed, Lulu knew she would have to tell her parents, but dad had not found a job yet, the landlord was going to evict them from their house, they had no money to pay bills, and although mom always kept a pantry full of food, it was running low.

The dreaded day came and Lulu told her parents about her pregnancy. She sobbed as the words came spilling out. They reacted as she had imagined. They were disappointed, but hugged her and told her they would all get through it somehow. Lulu told them she had visited that day with the pregnancy counselor and she had given her a resource book to help her find services for the family. They all sat together and looked at the book and decided what to do next.

"Who Ya Gonna Call"

CHILDCARE

Scenario II:

Ted and Alice had been dating for three years. They were now seniors in high school. They decided to get married and begin their lives together. The wedding was beautiful and everything was perfect. Three months later Alice learned she was pregnant. Alice and Ted both had part-time jobs and attended school. Although they wish they had been more careful, they were anxiously awaiting the newest member of their family.

Their hopes and dreams were nearly shattered when Alice went into premature labor. She still had a semester left to finish high school and she knew her PEP teacher would bring assignments to her and keep her up to date, but what about the baby?

The doctors were able to stop the labor pains and told Alice she would need to be on bed rest until the baby was born. Three weeks later the labor began again and late one night a beautiful little girl was born. Alice and Ted realized something was wrong when the nurses immediately took their child. The doctor told Ted and Alice that the baby was born with several abnormalities.

Several weeks later, the baby was released from the hospital and Ted and Alice were trained to be able to care for their new baby. A nurse needed to tend the baby several times a week. Alice needed to return to school if she would finish this semester. The person that had agreed to take care of the baby while Alice was in school had taken a job and could no longer keep the baby. When Alice and Ted visited two childcare centers that had been recommended to them, the centers were unable to care for the child due to the medical problems the child had (feeding tubes, etc.).

Alice and Ted visited the PEP counselor and told her that Alice may have to dropout of school because noone could keep her baby. The PEP counselor gave them a Resource Directory and suggested they search the section on childcare centers to find someone that could care for a special needs child.

"Who Ya Gonna Call"

COUNSELING

Scenario III:

Jane attended high school full-time. She worked at night at a local convenience store to help supplement her family's income. She dated on and off the same person for about a year. She learned she was pregnant. When she told her boyfriend, he told her he did not want anything to do with the baby or her. She knew her family could not afford another child in the family and she wanted the best for the baby. Her family screamed and yelled a lot and that was not good for a baby. She could not move out on her own.

Jane was so mixed up. She did not know what to do. She did not know whether to keep the baby, place the baby for adoption, move out, quit school, transfer to another school, try to get her boyfriend back, and she did not know who she could talk to or confide in.

A friend of Jane's gave her a copy of the Resource Directory for the Pregnancy Education Parenting Program. She suggested that Jane look through the counseling section to see who she could talk to.

"Who Ya Gonna Call?"

HEALTH CARE

Scenario IV:

Mary had her baby boy about six months ago. Although she does not want another baby, she has not done anything to prevent it. She really does not know who she should talk to about birth control. She also heard a rumor about her X-boyfriend that he had contracted some kind of disease. Could she have it too? What should she do? Who can help?

Mary takes her child to the child care center. He is a happy baby most of the time, but he does not seem to be as active as the other children and he is not trying to sit up and sometimes he does not even seem to hear Mary when she is talking to him. Could there be something wrong? Is there some way Mary can help her baby? Mary has no regular doctor for her child when he is ill and she is not on Medicaid so she needs to find a clinic that will not cost so much.

APPENDIX MM

"WHO YA GONNA CALL" UNIT QUESTIONS

"Who Ya Gonna Call?"

Instructions:
As a group, answer the following questions and be prepared to share your answers with the group. Use the Resource Directory to find the answers.

1. Did you work on (please circle) Basic needs
   Childcare
   Counseling
   Health Care

2. What needs do the people in your scenario have?

3. What resources would you recommend? Why?

APPENDIX NN

MONTHLY NEWSLETTERS

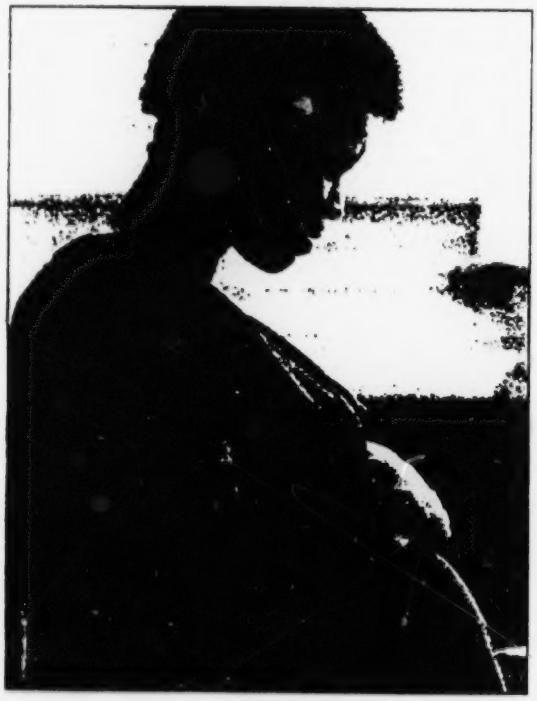
Tots

Vol. 1, No. 1

A month-by-month newsletter for you and your baby

Becoming a Parent

Welcome to *Tots*.



Tots is a newsletter that can help you discover how your baby grows and develops each month. It will take you through some of the ins and outs of being a parent. It will talk about you and your feelings about being a new parent. It will also give practical advice and suggestions for you and your baby.

The first three issues—*Becoming a Parent*, *Getting Ready*, and *Newborn Baby*—will help you prepare for the big event and the first few weeks of your baby's life. The next 12 issues will cover each month of your baby's first year.

This issue of *Tots* looks at some things to consider before your baby is born. Being a new parent can be an exciting time. It can be a little scary, too. It will change your life in many ways. The more you think about these changes beforehand, the more you will feel in charge of your life.

This first year will be important for you and the baby. *Tots* is glad to be part of it.

BEST COPY AVAILABLE

Going to your doctor or clinic

Getting prenatal care throughout your pregnancy is the best thing you can do to have a healthy baby. Go to your doctor or clinic as soon as you think you are pregnant.

You will probably visit your doctor or clinic once a month for the first seven months, twice a month in your eighth month of pregnancy, and every week after that until your baby is born. Every visit is a chance for you to ask questions—about feelings, about any medical tests you are offered, and about how to find a childbirth class.

Find a doctor or clinic you like and trust. If you do not have one yet, call your city or county health department or local hospital. If you cannot find these phone numbers easily in your phone book, call 1-800-4-BABY-LOVE to help find a doctor or clinic in your area.

If you are eligible for Medicaid, a medical assistance program, you can get free prenatal care and regular checkups for your baby. Call the local office of the Texas Department of Health. Or call 1-800-252-8263 and ask for a list of EPSDT providers. EPSDT—which stands for Early and Periodic Screening, Diagnosis, and Treatment—will help you schedule appointments and arrange for transportation.

Tips for a healthy pregnancy

- Eat right while you're pregnant so your baby will grow and be healthy. Drink at least six to eight glasses of water, fruit juice, or milk every day.
- Stop drinking beer, wine, or liquor. Drinking any alcohol when you are pregnant can be harmful to the baby.
- Don't take any drugs without the advice of a doctor or nurse who knows you are pregnant. Even store-bought medications like aspirin or cough syrup can hurt the baby.
- Quit smoking. It's hard to quit smoking. But when you're pregnant, it's more important than ever to stop.
- Learn all you can about having a baby. Ask questions. The more you know, the more choices you have, and the better care you can take of yourself and your baby.
- Begin taking prenatal vitamins with folic acid.

BEST COPY AVAILABLE

Fathers–

Don't be surprised if you feel nervous or left out.

Now all the attention seems focused on the mother-to-be, and later it will center on the new baby. But this is a time when fathers are needed.

Sometimes pregnant women feel uneasy about the ways their bodies have changed, especially during the last few months of pregnancy. They may be upset that they don't look like they used to, can't move around like they used to, and feel more tired and heavier than they used to.

Talk to your partner. Tell her how you feel about her and about the new baby, and listen to how she is feeling. Sharing your feelings can bring you closer together and can help you feel like you are an important part of things.

What can you do to help your partner?

- Take her to her doctor or clinic for prenatal care as soon as she thinks she may be pregnant.
- Encourage her to eat a variety of healthy foods that are good for her. And eat right yourself so it will be easier for her.
- Help her quit smoking, drinking alcohol, and doing drugs—and join her in practicing healthy habits. Tobacco, alcohol, and drugs can hurt the baby.
- Help her with the chores, care of other children, and other responsibilities so she can get some rest.
- Read about pregnancy. Go to childbirth classes. Find out about labor and delivery and how you can help.

BEST COPY AVAILABLE

What to expect:
A time of changes

Having a baby—especially your first—is a time of many changes. Most parents receive little preparation for the big event and the many ways the new baby will affect their lives.

If you will be raising your baby alone and going to school or working, you will have added pressures on your time and energy. You will need to figure out how to juggle your many responsibilities. The decisions and arrangements you make now will help ease the transition into parenthood after your baby is born. Find out what resources are available for parents in your community. It is important to find as many supports as you can.

If you are a couple, expect some strains on your relationship as you make the transition into parenthood. You may both have feelings you could not predict. For example, a new mother is usually preoccupied with the baby, leaving the father feeling pushed aside and ignored. Make an agreement that you will talk to each other about your ups and downs and about your many new experiences and feelings.

Before the baby arrives, talk about how you will share responsibilities. Family roles are changing, so many couples feel more flexible about who does what in taking care of the baby and household chores. Try to agree on your different roles. The key word is "agree." The more you both agree now, the less resentment will pile up later, and you will have fewer misunderstandings.

Whether you're single or part of a couple, or living alone or with your parents, your new baby will bring new experiences, pressures, and worries, as well as joy and excitement. In the first hectic weeks, your life will seem to center around your small, helpless, but demanding infant. There may be times when you feel unsure of yourself, moody, or even overwhelmed. Most parents feel that way at first.

It will take time to feel comfortable in your role as a parent. After all, becoming a parent takes on-the-job training, and you should not expect to know how to handle everything overnight. Be patient with yourself. Remember, you are not alone in your feelings, and this time of adjustment will pass.

BEST COPY AVAILABLE

Feeding your baby

Before your baby is born, you may want to think about breastfeeding. It's the best way to feed your baby for many reasons. It:

- provides all the nutrients your baby needs,
- helps protect your baby from colds and infections,
- creates a special closeness with your baby,
- helps you get back into shape faster, and
- is an easier way to feed your baby because you don't have to make up bottles of formula.

Many moms-to-be have concerns about nursing that can be easily solved.

Problem: You feel embarrassed about breastfeeding.

Solution: Use a baby blanket to cover up. Nurse in a restroom. Express breast milk and feed from a bottle when out in public.

Problem: The baby's father might feel left out.

Solution: Talk about other things dad can do, like bathe, dress, and walk with baby. Express breast milk for father to feed the baby.

Problem: You are worried about not having enough milk.

Solution: All women can breastfeed. The size of the breast does not matter.

Problem: You don't know how to breastfeed.

Solution: Talk to a nurse or other moms who have breastfed, or contact your local Women, Infants, and Children (WIC) office or LaLeche League. To find the nearest WIC office, call 1-800-WIC-FOR-U. Check the white pages of your phone book to see if LaLeche has a chapter in your community.

If you choose not to breastfeed, feed your baby formula with iron. Whether you breastfeed or bottle feed, cuddle your baby close while feeding.

A good place to sleep

Your baby can sleep in a crib, bassinet, or cradle. Here are some things you should look for in new or used cribs.

- Bumper pads that go around the entire crib should be tied in place with six or more straps. Slats should be no more than 2 3/8 inches apart.
- The mattress should fit tightly. If you can slip two or more fingers between the mattress and slats, put rolled towels between them. Or replace the mattress with one that fits snugly.
- Don't use a pillow.
- The safety latch that you use to drop the side of the crib should be one that your baby can't work. (A foot release is handy for parents.)
- The sides should be high enough that the baby can't climb over.
- All wooden surfaces should be smooth and free of splinters. Be sure there are no rough or sharp edges.
- Damaged teething rails on used cribs should be removed.
- All plastic packaging on new cribs should be removed.

222 BEST COPY AVAILABLE

Decisions about child care

Will you need child care for your baby? Now is the time to begin looking. The decision to seek child care is an important one. A good child-care arrangement can be a wonderful experience for your child. There are many different child-care choices available, and the quality of programs varies widely.

Kinds of care available

■ In-home care lets you hire someone to take care of your baby in your home.

■ Day-care centers are licensed facilities that provide care in a non-residential setting for more than 12 children younger than age 14 for less than 24 hours a day.

■ Group day-care homes are licensed facilities that provide care in a home for seven to 12 children younger than age 14 for less than 24 hours a day.

■ Family day-care homes are registered homes that provide care in the caregiver's own residence for not more than six children younger than age 14, excluding the caregiver's own children.

Licensed or registered care?

■ Licensing requires that a facility meet the Texas Department of Protective and Regulatory Services' (PRS') minimum standards for a child's health and safety. PRS inspects each facility three times before issuing a license and at least once a year thereafter to make sure it continues to meet the minimum standards.

■ In January 1992, PRS began to inspect new family homes before registering them. If PRS gets a complaint about a registered family home, the agency will inspect it. PRS also inspects a random sample of registered family homes each year. But some registered family homes still have not been inspected.

■ For more information about licensed child-care centers and group homes or registered family homes, call 1-800-862-5252.

How do I find good child care?

When considering your child-care options, you will want to keep several things in mind:

■ the location of the child-care home or center in relation to your home or workplace,

■ the hours of care you will need, and

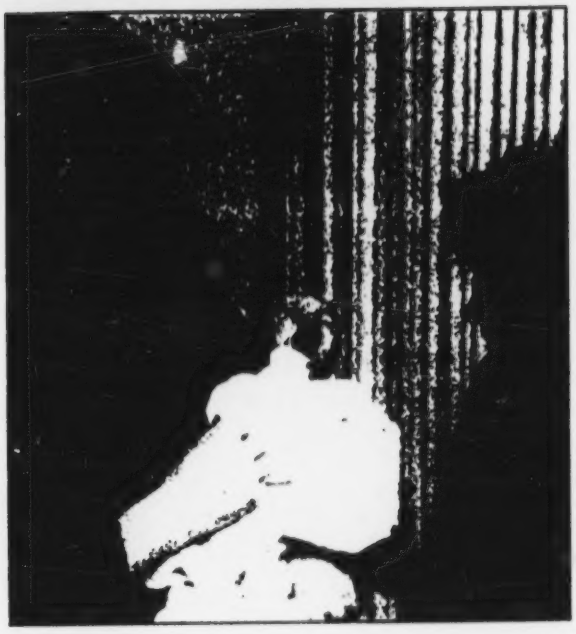
■ how much you can afford to pay.

How to begin

■ Talk to family, friends, and the parents of children who are in care to get their recommendations. Your church or employer may offer child care or a referral service. Look in the phone book to see if there is a local child-care information and referral agency. Also, check local newspapers, magazines, and supermarket bulletin boards. Contact the local PRS office for a list of facilities in your area.

■ Visit several child-care facilities. Compare the atmosphere and quality of supervision, as well as the

BEST COPY AVAILABLE



building, playground, and toys. Watch the activities, and observe how caregivers interact with the children. Find out about the caregivers' knowledge, experience, and training.

■ Count the number of children. Then, count the number of caregivers caring for them. The fewer the number of children for each adult, the more attention your child will probably get. This is especially important for babies.

■ Set up a time to meet with the caregiver or director. Ask questions like "What would you do in an emergency?" "If my baby is sick, do I have to make other arrangements?" "Are parents allowed to drop in unexpectedly?" Make sure questions are answered to your satisfaction.

Can I get government assistance?

■ The state and federal governments have programs that help lower the costs of child care. If you are a low-income parent who needs help paying for child care so you can work, go to school, or get vocational training, you may be eligible for child care funded by the Texas Department of Human Services (DHS). DHS purchases child care statewide through Child Care Management Services (CCMS) contractors. If you receive benefits from DHS, CCMS can help you find and afford quality day care. For more information, contact your local DHS office.

■ Families of all income levels are eligible for the Child and Dependent Care Tax Credit. For more information, contact the local office of the Internal Revenue Service (IRS), or call toll-free at 1-800-TAX-1040.

Where to get help

1-800-4-BABY-LOVE (1-800-422-2956) is a statewide, toll-free, bilingual telephone information and referral line. It provides up-to-date information on the types of health-care services available for women and children in Texas and refers callers to doctors and clinics nearby.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a Medicaid program that provides health care for children and young adults up to age 21. EPSDT services include medical screenings; vision, hearing, and dental services; immunizations; and comprehensive care. If you are eligible for Medicaid, your child is eligible for EPSDT. Call the local office of the Texas Department of Health (TDH) or 1-800-252-8263 for a list of EPSDT providers in your area. If you need transportation to services, just ask.

The Texas Department of Health (TDH) serves families through state-administered clinics and local health departments. Most clinics are EPSDT providers. For children, the clinics provide physical and developmental assessments, shots, some lab tests, and other services. For mothers, many clinics provide family planning and prenatal care. Call 1-800-4-BABY-LOVE (1-800-422-2956) for the clinic nearest you.

Women, Infants, and Children (WIC) is a food assistance program available to low-income pregnant and nursing women and to children through age 5. For more information, contact your local WIC office or call 1-800-WIC-FOR-U.

Baby-care and parenting classes may be offered in your community. Contact your local hospital, school district office, or local county agricultural extension office for information. You may also request a list of parenting education programs from the Children's Trust Fund of Texas, 8929 Shoal Creek Blvd., Suite 200, Austin, Texas 78758.

BEST COPY AVAILABLE

Sources

Eisenberg, Arlene; Heidi E. Murkoff; and Sandee E. Hathaway. *What to Expect the First Year*. New York: Workman Publishing, 1989.

Human Relations Program, University of California Cooperative Extension. *Parent Express*. Berkeley, Calif.

March of Dimes Birth Defects Foundation. *Be Good to Your Baby Before It Is Born*. New York, 1991.

Texas Department of Human Services. *Choosing a Day Care Center or Group Day Care Home*.

Texas Department of Human Services. *Exploring Child Care Options*.

Acknowledgments

Texas Tots is published by Foundations for a New Texas, a public-private consortium that promotes healthy children and families in Texas by developing and distributing materials on child development, parenting skills, and health care. Participants include:

- CEDEN Family Resource Center
- Children's Trust Fund of Texas
- Mental Health Association in Texas
- Parents Anonymous of Texas Inc.
- Texas Agricultural Extension Service
- Texas Council of Child Welfare Boards
- Texas Department of Health
- Texas Department of Human Services
- Texas Department of Protective and Regulatory Services
- Texas Early Childhood Intervention
- Texas Education Agency
- Texas Head Start Collaboration Project
- Texas Health and Human Services Commission

Texas Tots is produced by Media and Policy Services at the Texas Department of Human Services. It is modeled after *Parent Express*, a publication for new parents developed by the Human Relations Program at the University of California Cooperative Extension in Berkeley, Calif.

A special thanks to Dr. Dorothea Cudaback at the University of California Cooperative Extension for her encouragement and support.

How to subscribe

The first four issues of *Tots* are free for all new parents. These issues are available at doctors's offices, health clinics, hospitals, and midwives. The remaining 11 issues are free to parents whose infant is eligible for Medicaid. Eleven issues will be sent by mail every month during the child's first year. If you are not eligible for Medicaid but would like more information about what to expect as your baby grows, you can subscribe to these eleven issues for $5.

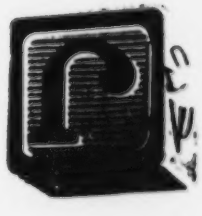
To subscribe, send a check for $5 payable to "Tots," along with your name, address, and child's date of birth to: P.O. Box 4800, Austin, Texas 78765.

Tots is available in large print and on audiotape.

Coming in the next issue of
Tots

- Deciding how and where to give birth
- How to use an infant carrier safely

BEST COPY AVAILABLE



Texas Tots
P.O. Box 4800
Austin, Texas 78765

Texas Tots

Vol. 1, No. 2

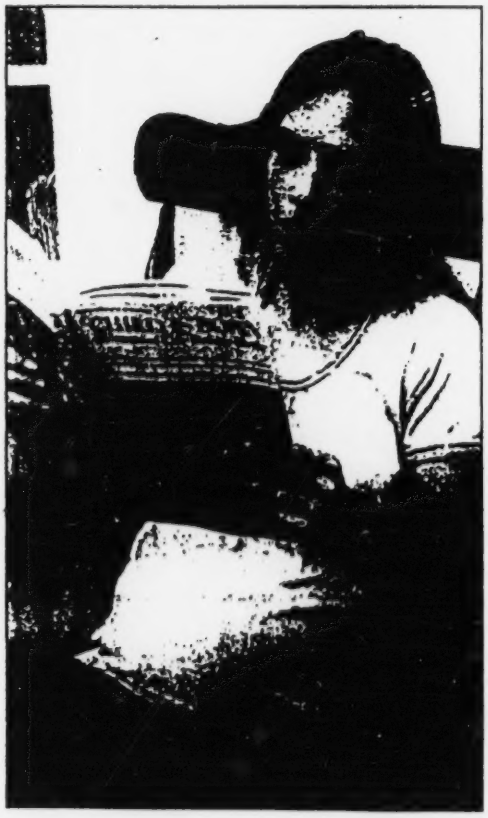
A month-by-month newsletter for you and your baby

Getting Ready

It may be any day now.

Now that your baby is nearly due, you are probably getting impatient. Sometimes it seems like the baby will never arrive. But he or she will—and soon!

Having a new baby is like starting a new job. Of course, you'll be getting "on-the-job training" after your baby is born. In addition to learning from your own experiences, this issue of *Texas Tots* offers information and suggestions to help you prepare for the times ahead.



Start planning now.

It's not too soon to think about how you're going to care for yourself after your baby's birth.

Fathers, have you considered taking some time off work? It's important for you to feel a part of things.

Do you have someone to look after your other children while you're in the hospital? How about lining up some friends and relatives to help out with the new baby, or your other children, particularly the first week or two at home?

If you don't expect to have people around to help, prepare some simple meals in advance and freeze them. If you don't have freezer space, stock up on some simple-to-prepare foods.

BEST COPY AVAILABLE

How will your baby be born?

There are several ways to have your baby. Your doctor, your nurse, or a trained midwife can help you decide which is the safest and healthiest way for you and your child.

Anesthetic childbirth

Having a baby is one of the natural events of life, but that doesn't mean it's painless. Many mothers need or want anesthetic medications to help them during childbirth. Anesthetics are pain killers. Some are inhaled through a mask, and others are given by injection. The mother may be relaxed and drowsy with some types of anesthetics; however, with an epidural the mother is usually alert.

Discuss with your doctor or nurse the kind of medication that will be best for you and your baby.

Natural childbirth

The terms "natural childbirth" and "prepared childbirth" refer to any birth where the mother wants to actively experience the birth with as little medication as possible.

One of the most popular natural childbirth methods is called the Lamaze method. Because fear can make the mother tense, and tension results in pain and difficulty during labor, the mother-to-be learns breathing and relaxing exercises with the help of a partner. The Lamaze-trained mother and her partner practice the breathing exercises and body positions during pregnancy to be prepared for the birth.

To find out more about this method of childbirth, check with your clinic, doctor, or local health department.

Caesarean childbirth

With this kind of birth, surgery is performed to make things safer for the mother and baby. An incision is made through the abdominal wall and uterus (womb) so the baby can be born. (In other births, the baby moves through the vaginal canal until emerging at birth.)

In the United States, almost 20 percent of all babies are born by Caesarean section. You may have heard it called "C-section." There are several conditions that might make a Caesarean birth necessary—such as if the mother's pelvic opening is too small for the baby to pass through, or if the mother's or baby's health may be in danger.

BEST COPY AVAILABLE

Where will your baby be born?

Hospital

Most women have their babies delivered in a hospital by a doctor and the hospital staff. If you want to have your baby in a hospital but don't have a doctor yet and are not being seen at a clinic, call your city or county health department or your local hospital. If you cannot find these phone numbers easily in the phone book, call 1-800-4-BABY-LOVE to get the number and more information. If you are eligible for Medicaid, call 1-800-252-8263 for information, or contact the local office of the Texas Department of Health (TDH).

Here are a few things to keep in mind if you are planning to have your baby in a hospital:

- Keep the phone number of your doctor, clinic, or hospital handy, plus the phone number of a friend or relative.
- Find out which hospital entrance to use, especially at night, and where to go inside.
- Find out how long it takes to get to the hospital. Then, when your labor pains start, you won't be worried about getting to the hospital on time.
- Ask what kind of arrangements the hospital offers. Can your baby stay in the same room with you (rooming-in service)? Or will your baby be cared for in a nursery and brought to you only at feeding times?
- Ask the hospital for a tour of the maternity ward, nursery, and labor and delivery rooms, so you will be familiar with the surroundings.
- Find out what you need to take to the hospital with you. Ask if you should bring things like a nightgown, slippers, robe, toothbrush, toothpaste, and soap. You may feel more relaxed if you have a small bag packed and ready to go. It may seem silly to you now, but it helps to know that you are prepared.
- Don't be embarrassed about asking questions. Ask, and get the answers. Remember, you are entitled to know what to expect from your doctor and from the hospital.

Alternative birth center

Many hospitals now have alternative birth centers as part of their services. An alternative birth center offers the attention of a medical staff in a homelike atmosphere. The mother stays before, during, and after the birth in a special room. She also has the choice of having the father of the baby, relatives, or friends present to help during labor and delivery. Ask your doctor about this option.

BEST COPY AVAILABLE

Home

If you want to have your baby delivered at home, you should be assisted by a midwife. The midwife, who may be a registered nurse, has special training and experience in caring for pregnant mothers and birthing babies. A midwife does not use medication or surgery during the birth. In case of emergency, the midwife calls a doctor right away. If you are interested in this type of birth, call the city or county health department for advice and information.

Breastfeeding in the hospital

If you have decided to breastfeed, it's important to get off to a good start. Tell your doctor and nurses in the hospital that you plan to breastfeed your baby so they can help you.

- Breastfeed your baby within 30 minutes after delivery.
- Keep your baby in the room with you, so you can nurse the baby often—about every one-and-a-half to two hours.
- Make sure no one gives your baby any formula, water, or a pacifier. This may confuse your baby and make it harder to breastfeed.
- Ask the nurse to show you how to breastfeed.

How to breastfeed

- Hold your baby facing you, tummy to tummy. Put your baby's head in the bend of your arm, with your hand under the baby's bottom.
- Support your breast with your other hand. Keep your fingers off the nipple area. Touch your baby's bottom lip and chin with your breast.
- Wait until the baby's mouth opens wide, like a yawn, then quickly pull your baby onto your breast so that the dark part around the nipple is in the baby's mouth. If it hurts, stop and start over. To take the baby off the breast, place your finger between the baby's gums to release the suction.
- Let your baby nurse until she slows down. Burp the baby and nurse on the other side. At the next feeding, start on that side.

To get more information on breastfeeding, call the local office of the Women, Infants, and Children (WIC) program or the local chapter of LaLeche League. To find the WIC office nearest you, call 1-800-WIC-FOR-U. Look in the white pages to see if LaLeche has a chapter in your community.

BEST COPY AVAILABLE

Myths

The perfect birth

There is no "perfect" birth. Each birth is different. The important thing is to bring your baby into the world in the healthiest way possible—for both the baby and you.

The perfect parent

There is no "perfect" parent. We all make mistakes. There will be times when you won't feel too sure about what you are doing. It takes time, practice, and experience to be a parent.

The perfect baby

There is no "perfect" baby. Each baby is different, looks different, acts different, and grows up different from other babies. Your baby will grow at his own pace—don't be disappointed or try to rush him.

It's time!

When it's time for your baby to be born, one or all of the following things will happen. These things are all normal. This is the beginning of your labor and the birthing process.

- Contractions (also called labor pains) will start. They may feel like a series of gas pains, a backache, or strong menstrual cramps. Each one may last for 10 to 40 seconds.
- A "show" will occur. This is a pink or reddish discharge from your vagina. It will look like the beginning of a menstrual period.
- The "bag of water" that holds your baby may break or leak. If so, there may be either a slow trickle or a gush of warm water from your vagina. You will not be able to control the flow of water. But don't worry—your baby will not drop out.

If any of these things happens, or if your labor pains continue and are spaced five minutes apart or less, it is time to call your doctor, the hospital, or your trained midwife.

BEST COPY AVAILABLE

Infant carriers and safety

Babies love to be the center of things. They also love to be close to you. With an infant carrier, a baby can be a part of family life. You can use the infant carrier when feeding or carrying your baby. But it does not keep your baby safe in the car. These carriers are not approved to be used as car safety seats.

When choosing an infant carrier, make sure the seat is deep enough and has a chest or crotch strap so your baby won't slide out. Look for a carrier with a wide base and a non-skid bottom.

Here are some rules for safe use of infant carriers:

- Always use the carrier belt or crotch strap.
- Stay within arm's reach all the time. Be especially careful when the infant carrier is on a high place like a table, sofa, or store counter, or is placed on the floor.
- Also be careful when using an infant carrier seat in a shopping cart—your baby may wiggle and fall out of the cart.

If you have any questions, contact your local county home extension agent, listed under "County Government" in the phone book, or call the Safe Riders program at the Texas Department of Health at 1-800-252-8255.

Your baby's health

Don't forget to go to your prenatal care visits. Ask your doctor or nurse about a doctor or clinic for your baby. Call your local hospital for referrals, or call 1-800-4-BABY-LOVE to help find a health clinic in your area.

Remember, if you are eligible for Medicaid, your baby will be eligible for regular checkups through a program called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). Call the local office of the Texas Department of Health, or call 1-800-252-8263 for a list of EPSDT providers near you.

BEST COPY AVAILABLE

Buckle up.

All babies—including newborn infants coming home from the hospital—must ride in special infant car safety seats, according to Texas law. The most dangerous way for an infant to travel is in someone's lap. A sudden stop of the car can throw a baby who is not in a proper safety seat against the dashboard or through a car window.

Babies weighing up to 20 pounds must ride in a properly designed infant car safety seat. Even though infant car safety seats are expensive, they are necessary to protect babies from car injuries. Make sure the seat and your baby are facing the back of the car.

The car's safety belt will attach either through or over the infant car safety seat, depending on the brand. The safest place for the infant seat is in the center of the back seat, facing the rear.

When deciding on a car safety seat, you can choose:

- an infant car safety seat (replacing it with a toddler's seat as your child grows), or
- a special car seat that can be used for either infants or toddlers. Children weighing less than 7 pounds are safest in an infant car seat.

Here are some "don'ts" to make car riding safe:

- Don't hold babies on laps.
- Don't use infant carriers as car seats. They are not safe. All approved car seats have the federal safety sticker (213) on the car seat.
- Don't leave children alone in a car.
- Don't leave car doors unlocked.
- Don't leave any sharp or heavy objects on the rear car shelf or seat. They may hit the child if the car stops suddenly.

If you are unable to buy a car seat, there are various programs throughout the state that will loan car seats to new parents. The Texas Department of Health has a list of different car safety seat models, as well as those that have been recalled because of safety problems.

Call Safe Riders at 1-800-252-8255 for free information. Your local county extension agent can also give you safety information.

Where to get help

The **Texas Agricultural Extension Service** gives families information about parenting, child development, housing, nutrition, clothing, family relationships, and family finances. Contact your local county agricultural extension office, listed under "County Government" in the phone book.

The Texas **Early Childhood Intervention (ECI)** program provides free services in every county in Texas to children younger than age 3 who have special needs or diagnosed medical conditions. Services include physical, occupational, speech, and language therapy, and activities to develop self-help and learning skills. Call **1-800-4-BABY-LOVE** for the location nearest you. Transportation to services is available.

The **Mental Health Association** provides information about family life with young children and free materials about child development. This group can also help you find mental health services in your community. Look in the white pages of the phone book to find the local number.

BEST COPY AVAILABLE

Texas Tots

Vol. 1, No. 3

A month-by-month newsletter for you and your baby

Newborn Baby

Congratulations! You have a new baby, and you are a parent.

What's it like to be a parent?

Do you sometimes feel that you will never sleep through the night again? Are you a little nervous about taking care of this helpless but demanding baby? Do you feel tired a lot but excited, too? If you answer yes to any of these questions, then you are like most parents.

Remember one thing: You are not alone.

There are many changes that take place and new things to learn when you become a parent. It doesn't happen overnight.

There will be good times, and there will be bad times, and you and your baby will survive them all.

She or he? Him or her?

Texas Tots gives equal time and space to both sexes. That's why we take turns referring to babies as "he" or "she." So keep in mind that whether we say "she" or "he," we are talking about all babies.

BEST COPY AVAILABLE

What's it like to be a newborn baby?

- I need others to take care of me.
- I can't decide things for myself.
- I need someone to love, feed, hold, and play with me.
- I like to feel warm, and I don't like lots of noise.
- I like to be held gently and very close.
- I like to sleep a lot.
- I am hungry every few hours.
- I may be fussy and cry a lot.
- I need my diapers changed as soon as they are wet or soiled.
- My face may be wrinkled, puffy, or red, and I may have a large head. I'm normal.

BEST COPY AVAILABLE

Your baby's medical needs: The first year

Newborn screening

Certain types of mental retardation can be prevented if detected and treated early. The Texas Department of Health conducts a screening program for newborns to detect several such disorders. All of these disorders are rare conditions, but two of them are life-threatening. Treatment at an early age can save a baby's life.

Texas law requires every infant to have a very simple medical procedure, either before leaving the hospital or within 72 hours if born at home. The baby's heel is pricked, and a few drops of blood are collected. The specimen is sent to the state screening laboratory for a series of tests. This simple procedure prevents severe mental retardation, illness, and even death, for thousands of children.

A second test must be done at 1 to 2 weeks of age to make certain that nothing has changed since the first test. This second test is very important. Take your baby to a doctor, hospital, laboratory, or public health clinic to have it done.

Call 1-800-4-BABY-LOVE for more information about these services. An EPSDT provider can also perform these tests. EPSDT stands for Early and Periodic Screening, Diagnosis, and Treatment. If you are eligible for Medicaid but do not have an EPSDT provider, call the local office of the Texas Department of Health (TDH) or 1-800-252-8263 for a list of doctors, nurses, and clinics near you. Remember, EPSDT can help you with scheduling appointments and transportation.

Other checkups

The newborn screening is only the first of many checkups your baby will need during his first year. In addition to the newborn screening at 1 to 2 weeks of age, there are six more medical screenings at 1, 2, 4, 6, 9, and 12 months of age. At each visit, you can expect:

- questions about how things are at home for you, your baby, and the rest of your family;
- questions about family planning;

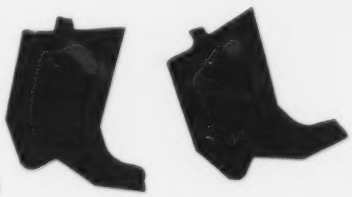
- an unclothed physical examination of your baby to check his heart, abdomen, ears, nose, throat, and reflexes;
- measurements of his height, weight, head circumference, and blood pressure;
- vision and hearing tests;
- questions about his diet, growth and development, sleeping, behavior, and mood;
- a discussion about what to expect in his development; and
- information about healthy lifestyles and how to prevent accidents and disease.

Each of these medical checkups is very important. Your baby will experience many changes in growth and development during his first year. These checkups will

BEST COPY AVAILABLE

help you and your doctor or nurse keep an eye on changes and detect any problems. Regular checkups help prevent major illnesses and health problems and could save your child's life.

Shots



It is very important for your baby to get childhood immunizations, or shots. In the hospital, he will get a shot for Hepatitus B (HBV). During his first year, he should get shots at his checkups at ages 2, 4, 6, and 12 months. At the second and sixth month, the shots include diphtheria, tetanus, and pertussis (DTP); trivalent oral poliovirus vaccine (OPV-polio); and haemophilus influenza type B conjugate vaccine (HibCV). At the four-month visit, he will get only the DTP, OPV, and HibCV shots. Your baby will also get shots at the 12-month checkup —DTP; HibCV; and measles, mumps, and rubella (MMR).

Shots are very important in preventing diseases. Every year, more and more Texas children who did not get their shots are getting sick, and many have died. Immunizations can save your child's life.

Your medical care provider or local health department can give your child shots. Shots are also available through EPSDT if you are eligible for Medicaid.

Feeding your baby

The only food your baby needs during her first four months is breast milk or formula with iron. Breast milk or formula with iron gives her all the necessary nutrients. Babies' bodies are not ready to take other foods during the first few months of life. Your baby does not need water unless the weather is hot, and your home is not air-conditioned. Don't add sugar to the water, and don't give flavored drinks, soda pop, or even fruit juice to a newborn baby.

Feeding times

Feed your baby when she tells you she is hungry. Feeding your baby when she's fussy or cries will not spoil her. It will help you learn to become more aware of your baby's needs.

Newborns who are bottle-fed will feed every two to four hours, or six to eight times in 24 hours. Newborns who are breastfeeding may feed more often—every half-hour to three hours, or 10 to 12 times in 24 hours.

Breastfeeding tips

The first thing to remember is to relax! Take your time. This is a learning time for both of you. The more you nurse your baby, the more milk you will have. If you do not think you have enough milk, nurse more often and nurse longer each time to build up your supply. Do not give your baby formula or water because then you will make less milk.

Soreness is a common problem when beginning breastfeeding. Here are some tips to help you keep from getting sore:

- Position your baby and yourself tummy to tummy, chin to breast.
- Make sure your baby's mouth covers your entire nipple and much of the darker part around the nipple.
- End a feeding by putting your finger in the corner of her mouth, or let her "drop off" your breast when she's finished.
- Let your nipples air dry after feedings.

BEST COPY AVAILABLE

Tips on bottle feeding

If you have decided to bottle feed your baby, choose a formula with iron. Formulas are usually made to meet the needs of a growing baby. There are three kinds of formula:

- Powdered formula is the cheapest and is fairly easy to use.
- Concentrated formula is more expensive than powdered formula. You have to add the right amount of water to it.
- Ready-to-feed formula is the most expensive, but is the easiest to use.

Whichever formula you decide to use, follow the instructions carefully. Always check the expiration date. Heat a bottle of formula by running hot water over it. Never heat formula in the microwave because it will get too hot. Check the temperature by shaking a few drops on your wrist.

Bottles and all equipment used to prepare formula should be washed in hot soapy water, rinsed in clean tap water, and boiled for five minutes in a covered pot or sterilizer.

Hold your baby while feeding her. Babies need to feel loved and secure, and cuddling her while feeding her will let her know she is. Keep the nipple full of formula so she doesn't swallow air. Do not prop the bottle because it could cause choking.

You can get more information on feeding your baby at the local office of the Women, Infants, and Children (WIC) program, or the local TDH well-child clinic. To find the WIC office nearest you, call 1-800-WIC-FOR-U. To contact the well-child clinic nearest you, call 1-800-4-BABY-LOVE.

If your child has a disability, she may have special nutritional needs or feeding difficulties. Families of children enrolled in Early Childhood Intervention (ECI) can get free help with feeding and nutritional screenings. Call 1-800-4-BABY-LOVE to find the ECI program nearest you.

Each month *Texas Tots* will be talking about how babies grow and develop. Every baby is different and grows at his own pace. So don't worry if your baby isn't doing the same things as your friends' babies.

BEST COPY AVAILABLE

Time out

Having a baby is hard work. Try to arrange some time off just for yourself.

You might want to ask a close relative or friend to stay with you for a few hours, or even a few days, when you come home with your new baby. This is especially important if you are a single parent or if you have twins. If you have twins, it will be doubly important for you to have some free time. Any help you can get will make it easier for you to cope with the extra workload. It will give you some time to relax—to nap, take a walk, or read a book.

Family planning

Even though you just had a baby, now is the time to make decisions about when or if to have any more children. Talk to your spouse, doctor, clinic, or religious adviser before making a decision.

Family planning services are medical and counseling or educational services that help people voluntarily limit the size of their families, prevent unintended pregnancies, space the births of their children, and make informed reproductive choices. Family planning means having a baby when you want a baby.

Family planning is serious business, and it involves some difficult decisions. But you do have choices, and you can get help. For more information, call 1-800-4-BABY-LOVE. Or call your local DHS office to see if you are eligible for free family planning services.

A special word to fathers

Sometimes fathers feel shy about touching their babies. Others are willing to try, even if they feel all thumbs.

Knowing how to take care of a baby takes time and practice. Give yourself a chance. Pretty soon you will feel like you've been a father all your life.

BEST COPY AVAILABLE

Games babies play

Babies learn through playing games. Games are more than just fun. They teach babies to:

- use their bodies,
- learn language,
- develop thinking skills,
- feel good about themselves, and
- feel good about the people taking care of them.

You can play with your baby by quietly talking to him, singing to him, reading to him, or smiling at him. Even though he is a newborn baby, he will respond by listening to you and will love the attention. As he grows older, he will reward you with a smile, coo, or gurgle, and will try to reach for you. Babies learn language by hearing, so speak clearly.

Question

"I have a 3-year-old daughter. How can I help her make the transition from only child to older sister?"

- Let your daughter have an active role in preparing for the new baby. Let her help you get the baby's room and things ready.
- Talk to your child about her feelings. Help her understand that your love can only multiply, not divide.
- Let her help open the baby's gifts. Ask your family and friends to remember your older child, too.
- Spend quality time with her during the first few weeks. Read to her or play games with her, especially when the baby is sleeping.
- Praise your daughter when she is good to the baby.

How to make a memory book

If you saved the front page of the newspaper on the day your baby was born and any public birth announcements, you can use them to start a memory book. You can use either a scrapbook or a school-size notebook, or make up your own book. You can make it as fancy or as simple as you like.

Put in the front page of the newspaper and the birth announcement. Later he can look at it and see all the things that were happening on that important day.

Write down all the great "firsts" in your baby's life—the first time he smiles, walks, talks, sits up, crawls, or does anything special.

Write down dates and symptoms of illnesses, dates of shots or immunizations, monthly weights and heights, how many teeth he has and when he gets them, and his blood type.

If you have photographs of your baby, you can put those in, too. As he grows older, include drawings that he makes. You can note the things he learns, what he likes and doesn't like, and clever comments he makes in his early years.

The memory book is a good record of a child's early years. You and your child can enjoy it together as he is growing up. Later, the book will help him learn about his past.

BEST COPY AVAILABLE

Vol. 1, No. 4 (ISSN 1079-8994)

A month-by-month newsletter for you and your baby

1 Month Old

You and your baby are learning about each other.

During this first month of your baby's life, you will spend a lot of time getting to know each other. Your baby will spend most of his time sleeping, crying, or eating. You will spend most of your time figuring out the best way to meet your baby's needs.

Sometimes, you may feel tired and nervous and lose your temper. Most parents feel like this at one time or another. Don't worry. These feelings will pass with time.

If you are a teen-age parent, you are not alone.

Over 47,000 babies are born each year to teen-age parents in Texas. As a younger parent, you may have some special concerns—like living with your parents, being accepted by your friends, or finishing school. If you need some extra guidance or counseling, here are some places to get information:

- Your high school principal or counselor can tell you about programs to help you finish your education while taking care of your baby. Also, find out if your home economics program offers parenting classes.
- Ask your county extension agent about parenting classes for teen parents. Look in the telephone book under "County Government" for the number.
- Call the local branch of the Office of Attorney General about the Paternity/Parenthood project. This project teaches teens about the legal rights and financial responsibilities of being a parent.
- Parents Anonymous offers support groups for teen parents. Call 1-800-554-2323 to find out about groups in your area.

BEST COPY AVAILABLE

What's it like to

How I grow

- I wobble my head if you don't hold it. Please put your hand behind my head and neck.
- I have a soft spot on the top of my head. Be very careful. Protect my head.
- I turn my head sideways when I'm on my stomach.
- I roll partway from my back to my side.
- I keep my hands in fists or slightly open most of the time.
- I root around and try to suck, even when I'm not feeding.

How I talk

- I'm beginning to make some throaty sounds.
- I cry when I'm hungry, wet, or tired, or when I want to be held.

BEST COPY AVAILABLE

be 1 month old?

How I respond

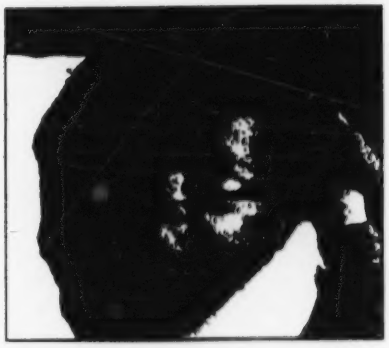
- I make eye contact with you.
- I stare at things, but I don't grab for them yet.
- I don't show much expression on my face, but I will soon.
- I may smile when I see or hear you.
- I get scared by loud noises, bright lights, or rough handling.

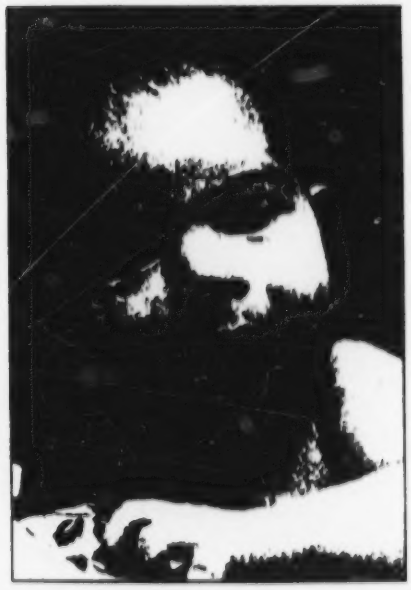
How I understand

- I prefer to look at patterns instead of solid colors.
- I know that I'm going to be fed at certain times.

How I feel

- I feel comforted when you hold me close, smile, and talk gently to me. Don't be afraid of spoiling me.





Question

"My daughter has colic. After the 6 p.m. feeding, she starts to cry and won't stop. What do I do?"

Some babies have crying attacks almost every evening, usually between 6 and 10 p.m. They scream loudly, draw their legs up sharply, frown, and turn bright red. These attacks can last for hours and are all symptoms of what doctors call "colic," a name given to explain any hard, continual crying in infants.

No one knows what causes colic. Some people think that colicky babies have a lot of gas and cry because they are uncomfortable. Usually, by the time a baby is 3 months old, the daily colic attacks stop.

There is little you can do except try to comfort your daughter until the attack is over. Sometimes it helps to hold your baby across your knees on her stomach.

Listening to a colicky baby and not being able to help can be very frustrating. But remember, it is not your baby's fault, and it is not your fault, and she will eventually get over it. Always ask for help when you feel frustrated—especially if you feel like you want to hit the baby. Never shake your baby. Talk to your partner or a friend, or call 1-800-554-2323.

BEST COPY AVAILABLE

Bathing your baby

Your baby will be ready for a daily tub bath as soon as his navel (belly button) and circumcision have healed. Until that time, wash your baby with a soft cloth dipped in a basin of warm water.

Some babies like to be bathed before being fed in the morning or evening. Others hate to be bathed before eating and like baths after their meals. Choose a time that suits your baby and you.

Babies may cry when they have their first baths, but by the time they are about 6 weeks old, they usually like the feel of water.

How to give a bath

Make sure the room is warm (between 75 and 80 degrees) and draft-free. Then fill the tub or basin with warm water. Test the temperature with your elbow or wrist to make sure the water is not too hot. Don't put any softeners or bath lotions in the water. They may cause a rash on your baby's skin.

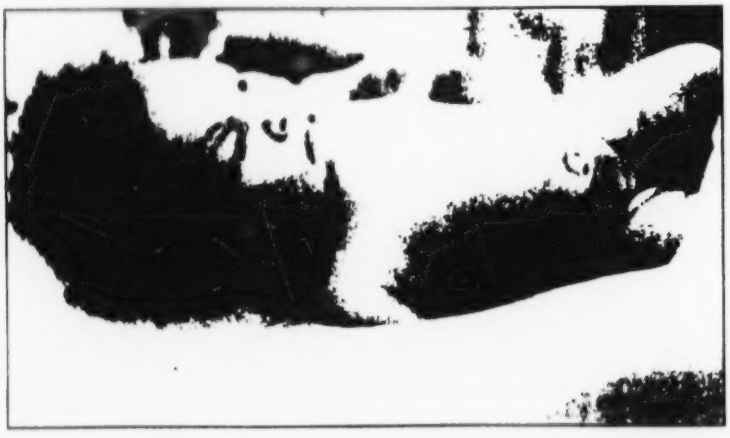
Wrap the baby loosely in a large towel. Keep a diaper on but not pinned. Sit next to the tub or basin of warm water with your baby in your lap. Have the soap, wash cloth, and a soft drying towel near you.

Gently wipe your baby's face and neck. Babies don't usually like this part, so get it over with quickly. About twice a week, wash his hair and scalp, rubbing your palms with soap and gently lathering his head. Be careful not to rub the soft spot on the top of your baby's head. To rinse, hold your baby's head and back over the basin with your hand and arm in a football-carry hold. Rinse off several times to make sure all the soap is gone. Then, pat his scalp dry. Avoid getting water in his eyes.

Now, move to his chest, arms, and hands. After soaping and rinsing with the warm cloth, pat him dry. Patting with a towel, instead of rubbing, is easier on a baby's tender skin. Turn your baby on his stomach to wash his back. Then, turn him on his back again. Take off his diaper and wash, rinse, and dry his stomach, bottom, legs, and feet.

If you decide to bathe your baby in the tub, start out with just a few inches of water until you feel more comfortable. Take off his diaper, and hold him securely in the tub or sink by cradling him in one arm as you wash him.

Bath time can be fun for you and your baby. Make it as easy and pleasant as possible, so both of you will enjoy it.



BEST COPY AVAILABLE

Baby powder

After the bath, you may want to dust your baby with baby powder. Don't shake the powder directly onto his skin, because he may inhale it. Instead, powder your hands, and gently pat your baby's skin. Don't use any baby powders that contain zinc stearate or asbestos.

A special note to fathers

If you haven't tried giving your baby a bath yet, now is a good time to start. You can use bath time for sharing giggles, being close, and giving your undivided attention to your little one.

Babies love to coo and splash while their fathers bathe them and hum or carry on conversations.

Babies feel especially loved and loving when they are swept up in big, fluffy towels, and their parents cuddle them. The happy times that you share with your baby during his bath will go a long way.

Feeding your baby

All your baby's food and nutrition needs for the next four months can be met with breast milk or formula.

By now, your baby probably has a fairly regular pattern for feeding. She may get hungry every two to four hours.

Don't force your baby to drink that last ounce of milk. Overfeeding can make her fat. An overweight baby is not necessarily a healthy baby. Overeating will only cause problems later in life.

Hold your baby close in the bend of your elbow while feeding her. Remember that food and loving are both important. This is a time for getting to know each other—a time for snuggling, cuddling, and talking.

Hiccups are not unusual, especially if your baby is bottle-fed. They may be caused by air bubbles that your baby gets by sucking hard on the bottle. Air bubbles can be painful. Burp your baby at least once while feeding and then again at the end.

Breastfeeding tips

If you breastfeed, you will need about 500 extra calories a day. Two more glasses of milk and a peanut butter sandwich will give you those extra calories. Remember to drink plenty of liquids and choose healthy foods.

You can work or go to school and keep on nursing your baby. Be creative, and find out what works for you. Here are some ideas:

- Find a babysitter or day-care center close to work or school. Go to your baby, or have your baby brought to you to nurse.
- Nurse before and after work or school. Hand-express or pump your milk at work or school. Give that milk to the sitter to feed to your baby the next day. The milk must be refrigerated and used within 24 hours.
- Nurse before and after work or school. Have the sitter feed your baby formula while you are gone. You will need to pump your milk during the day to keep up your supply.

BEST COPY AVAILABLE

One-month checkup

The first-month checkup should take place when your baby is 2 to 4 weeks old. Call ahead for an appointment, and be sure to keep it. This visit helps the doctor notice changes and detect any problems. Finding problems early helps prevent major illnesses and can save your child's life.

In general, you can expect:

- questions about how things are at home for you, the baby, and the rest of your family;
- an unclothed physical examination of your baby;
- measurements of his height, weight, and head size;
- vision and hearing tests;
- questions about your baby's eating habits, growth and development, sleeping patterns, overall behavior and mood; and
- what to expect in his development.

Your medical-care provider can tell you what to have in the house in case of small accidents or mild illness, and what to do if something serious happens. Always keep your provider's phone number and emergency phone numbers handy. Also, ask about basic first aid classes, including infant CPR. (CPR stands for "Cardiopulmonary Resuscitation." You'll need to know CPR if your baby chokes or stops breathing.)

If your provider refers you to another doctor, be sure to get an extra copy of your baby's screening records for the doctor. A referral to another medical provider means your baby needs further testing or treatment. Be sure to follow through with this appointment.

Find a medical-care provider you like and trust. If your child sees the same doctor or nurse every time, it will be easier to keep track of his needs. If you don't have a provider yet, call 1-800-4-BABY-LOVE or your local hospital to help find one in your area.

Remember, if you are eligible for Medicaid, your baby can get free checkups through Texas Health Steps (EPSDT - the Texas Medicaid Early and Periodic Screening, Diagnosis, and Treatment program). Call the local office of the Texas Department of Health or 1-800-252-8263 for a list of Texas Health Steps (EPSDT) providers near you. Remember Texas Health Steps (EPSDT) can help you with scheduling appointments and transportation.

Save time. Make an appointment for the two-month checkup before leaving the doctor's office or clinic.

Keeping your baby's records

One way to notice changes in your baby's health is to keep a record. You can keep a small family health notebook. Write down things like height, weight, schedule for shots, and your baby's blood type. Write down dates of illnesses and briefly describe the symptoms. Ask for a copy of each of your child's medical checkups. You will need this information when your child starts to day care, Head Start, or school.

Your county extension office has *Family Health and Medical Record* notebooks. Call and ask for one. Look in the phone book under "County Government" for the number.

BEST COPY AVAILABLE

The baby blues

As a new mother, you may be going through what is known as the "baby blues," or postpartum blues. The "baby blues" happen because your body goes through many changes after your baby is born. You may be discouraged or tense, or feel like crying. Don't worry—these feelings are perfectly normal. Many new mothers feel that way.

Some mothers worry that they look like they are still pregnant. Don't be upset. Remember, it takes at least six weeks for the uterus (womb) to shrink back to normal size.

There are no strict rules about being a parent. If you are not sure what to do, trust your gut feelings or instincts. Here are some ways to help you through these "blue" days:

- It helps to talk with someone who is close to you. Talk about your feelings with your partner, a family member, or good friend.
- Find out if there are any parent groups in your community. Sometimes groups of parents get together to talk about their common problems and work out solutions.
- Call the local office of the Mental Health Association, which is listed in the white pages of your phone book. They can help you find mental health services in your own community and refer you to self-help and support groups.
- Call the Parent Teacher Association (PTA) at the nearest school, the local school district, or religious groups in your community for help in solving problems.
- Ask a good friend or relative to help you out once a month. Maybe that person could watch your baby for a few hours while you take time to relax, go out, or just have time to yourself.

Child-care choices

A good child-care arrangement can be a wonderful experience for your child. There are many different child-care choices available, and the quality of programs varies widely.

For more information about child care in Texas, call 1-800-862-5252.

BEST COPY AVAILABLE

Vol. 1, No. 15

A month-by-month newsletter for you and your baby

1 Year Old

Congratulations!
You made it through your baby's first year.

Both you and your baby have come a long way. You've helped your baby grow into someone who can sit, stand, climb, and reach for things; who can think, feel, understand you, and maybe even say a few words. You can look back with pride on the past year and give yourself a well-deserved pat on the back. At times it was hard, but you managed well. Keep up the good work.

From now on, your baby will keep growing and learning at an amazing rate. You can look forward to the coming years, confident that you will help him develop into a responsible human being.

BEST COPY AVAILABLE

What's it like to

Time spent with your child is never wasted.

How I grow

- I may walk, but I still prefer to crawl because it's faster.
- I may try to do other things while I'm walking, like wave to you or pick up my favorite blanket.
- I stand by pushing up from a squatting position.
- I climb up and down stairs if I have the chance.
- I may be able to climb out of a playpen or crib.
- I use my hands to remove lids from jars.
- I hold things with one hand while I'm doing something else with my other hand.
- I use my index finger to point at things.
- I try to dress or undress myself, but I'm not very good at it yet.
- I insist on feeding myself.

How I talk

- I repeat words I know. It's good practice.
- I babble away in phrases that sound like short sentences.
- I make up my own words to describe objects or people.

How I respond

- I trust people I know well.
- I imitate people, even when they are not around.
- I am still afraid of strangers and unfamiliar places.
- I am very definite about my likes and dislikes.

How I understand

- I remember more. My memory is getting sharper.
- I hunt for a toy, and even if I don't find it right away, I can remember where I saw it last.

BEST COPY AVAILABLE

be 1 year old?

- I keep trying to do things and sometimes solve problems through trial and error.
- I follow simple directions and understand most things you say to me.
- I have favorite people and toys.

How I feel

- I feel great about having my own personality.
- I'm developing a sense of humor and think a lot of things are funny.
- I still don't like being separated from you, and I'm relieved when you return.
- I feel secure and happy eating meals with my family.
- I feel—and show—love and affection to my favorite people and things.

Remember, every baby is different and grows at his own pace. If you think your baby is developing slower than others his age, call 1-800-4-BABY-LOVE for an Early Childhood Intervention (ECI) program near you.

BEST COPY AVAILABLE

What are little boys and little girls made of?

Parents sometimes treat boys and girls differently, and react differently toward them. They may give toy trucks to boys and dolls to girls. They may get upset if a boy plays with a doll because they think it's a girl's toy. The same thing may happen if a girl plays with a toy truck or car.

It's not too early to consider your own attitudes about sex roles. While your child is still a baby. Now is a good time to evaluate what messages you want to give about what little boys and little girls are made of.

These questions may help you sort out your attitudes:

- Do I hold back from hugging my son just because he is a boy?
- Do I use a different tone of voice for my daughter than I would for a son, even though tenderness is comforting to both sexes?
- Do I expect different kinds of behavior from my children because of their sexes (for example, leadership and strength from a son, or caring and gentleness from a daughter)?

Letting children express themselves freely regardless of their sex will help them grow into healthy, capable, confident people.

A healthy baby
12-month checkup

FILMED FROM
BEST COPY AVAILABLE

The 12-month medical checkup should take place around your baby's first birthday. Call ahead for an appointment, and be sure to keep it.

At the checkup, you can expect:

- questions about how things are at home for you, the baby, and the rest of your family;
- an unclothed physical examination to check your baby's heart, abdomen, ears, nose, throat, and reflexes;
- measurements of her height, weight, and head circumference;
- vision and hearing tests;
- questions about her eating habits, growth, development, sleeping, behavior, and moods;
- a discussion about what to expect as she continues to develop; and
- information about healthy lifestyles and preventing accidents and disease.

At this visit, your baby will get a tuberculin skin test to see if she has tuberculosis. She will get her fourth round of DTP and third round of HibCV. She will also get her first shot for mumps, measles, and rubella (MMR). Ask about any reactions she might have to tests or shots and what to do about them.

Now is a good time to ask any questions you may have about your baby's health or development. Get a copy of the notes from this screening for your medical records. Be sure to write down any instructions the doctor or nurse gives you.

If the doctor or nurse makes a referral to another provider, be sure to get an extra copy of the notes from this screening, and follow through by making the appointment.

If you do not have a provider yet, call 1-800-4-BABY-LOVE for help finding one in your area. Remember if your child is eligible for Medicaid, use EPSDT services. EPSDT stands for Early and Periodic Screening, Diagnosis, and Treatment. Call the local office of the Texas Department of Health (TDH) or 1-800-252-8263 for a list of EPSDT providers near you. EPSDT can help with scheduling appointments and transportation to services.

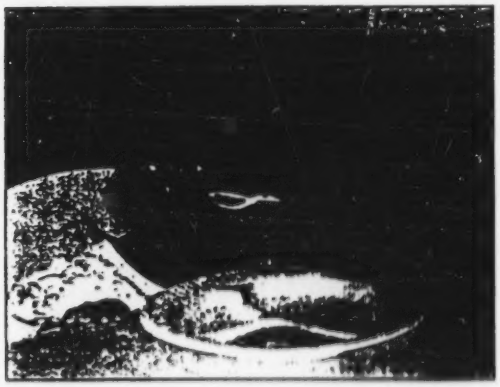
Save time by making an appointment for the 15-month checkup before you leave the doctor's office.

If your child is eligible for Medicaid, EPSDT dental services are available beginning at age one. Routine care, including cleanings and exams, is available every six months after age one. Call your local TDH office or 1-800-252-8263 for a list of EPSDT dental providers near you.

250 BEST COPY AVAILABLE

Feeding your baby

Health experts recommend that a baby be at least a year old before drinking whole milk. Until your baby is 1 year old, breast milk or formula is the best milk to feed him.



A balanced diet

Give your baby several small servings from each of the following food groups:

- four servings of vegetables or fruits;
- two servings of meat, fish, poultry, or eggs;
- three servings of milk, cheese, yogurt, or cottage cheese; and
- four servings of bread, crackers, cereal, rice, or spaghetti.

How much food?

Your baby doesn't have to eat something from every food group at every meal. He may eat well at one meal, not so well at the next, and refuse a third meal. One hearty meal a day plus foods from each of the four food groups above are about average at this age.

Forcing your baby to eat can backfire. He may refuse to eat any food, or he may continue to eat just to get your approval.

Offering food to your baby when he is upset may quiet him for a few moments, but it will also teach him a bad habit: seeking comfort in food instead of solving problems. Try to find out what's upsetting him and solve the problem, without using food as a pacifier.

Baby games

The pull-the-right-string game helps your baby learn to use objects as tools to get what she wants.

How to play

- Let your baby sit on your lap facing a flat surface, like a table top.
- While she is watching, tie one end of a piece of string around a favorite toy.
- Place the toy out of reach on the table and say "Get the toy."
- Your baby will learn to pull the string to get the toy.

Here's another using-a-tool game:

- Place the toy on the string out of reach again.
- Place two more strings alongside the string with the toy attached.
- Your baby will learn to pull the string that is attached to the toy.

BEST COPY AVAILABLE

Building self-esteem

Your child's self-esteem

You want your child to feel good about herself. You want her to grow up thinking she is a good person who can handle things in life. You want her to get along with others and share her feelings. When a person feels good about herself, she has high self-esteem.

Self-esteem begins with you. If you want your child to develop high self-esteem, you have to feel good about her and let her know it. How can you do that? Tell your child that you think she is a great kid. Tell her that she is important to you. Share lots of hugs, kisses, and smiles. Give her some undivided attention every day. Really listen to her.

When your child does something you don't like, don't yell at her or tell her she is rotten. Instead, say "I get mad when you..." and fill in the blank. That way, your child can learn how not to make you mad, without feeling like a failure.

Be fair and consistent. Teach your child to make good choices. Try to point out at least five things she does right every day. You can say "I like the way you are playing with your sister," or "Look how well you stacked those blocks!"

Your own self-esteem

Sometimes being a parent can tax your patience and shake your confidence in your ability to cope with daily problems. One day, you may feel comfortable and self-confident, and the next, you may feel uncertain and fearful about making the wrong decisions.

We all want to feel comfortable and good about ourselves. Self-confidence is measured by the ways we feel and behave.

Here are a few suggestions to bolster your self-confidence and feel better about yourself:

- Try to figure out exactly what you want out of life—not what other people want for you or want you to do.
- Don't put yourself down. Instead of saying "I can't do it," try saying "I will try to do it."
- Live your life from this moment on. Don't be discouraged by past mistakes.
- Trust your own decisions. You are the best judge of what works for you.

Keep in mind

It isn't easy raising a child, and sometimes you may feel frustrated or confused. Here are a few thoughts to keep in mind:

- You are your baby's first teacher. Teach him what you think is important in life.
- Follow your common sense when dealing with problems. Do what you think is best for your baby and you.
- Try to take some time out for yourself. Your needs are important, too.

Your role as a parent has barely begun. Your baby is just beginning to learn about the world around him. There will be many adventures for you to share throughout the years.

BEST COPY AVAILABLE

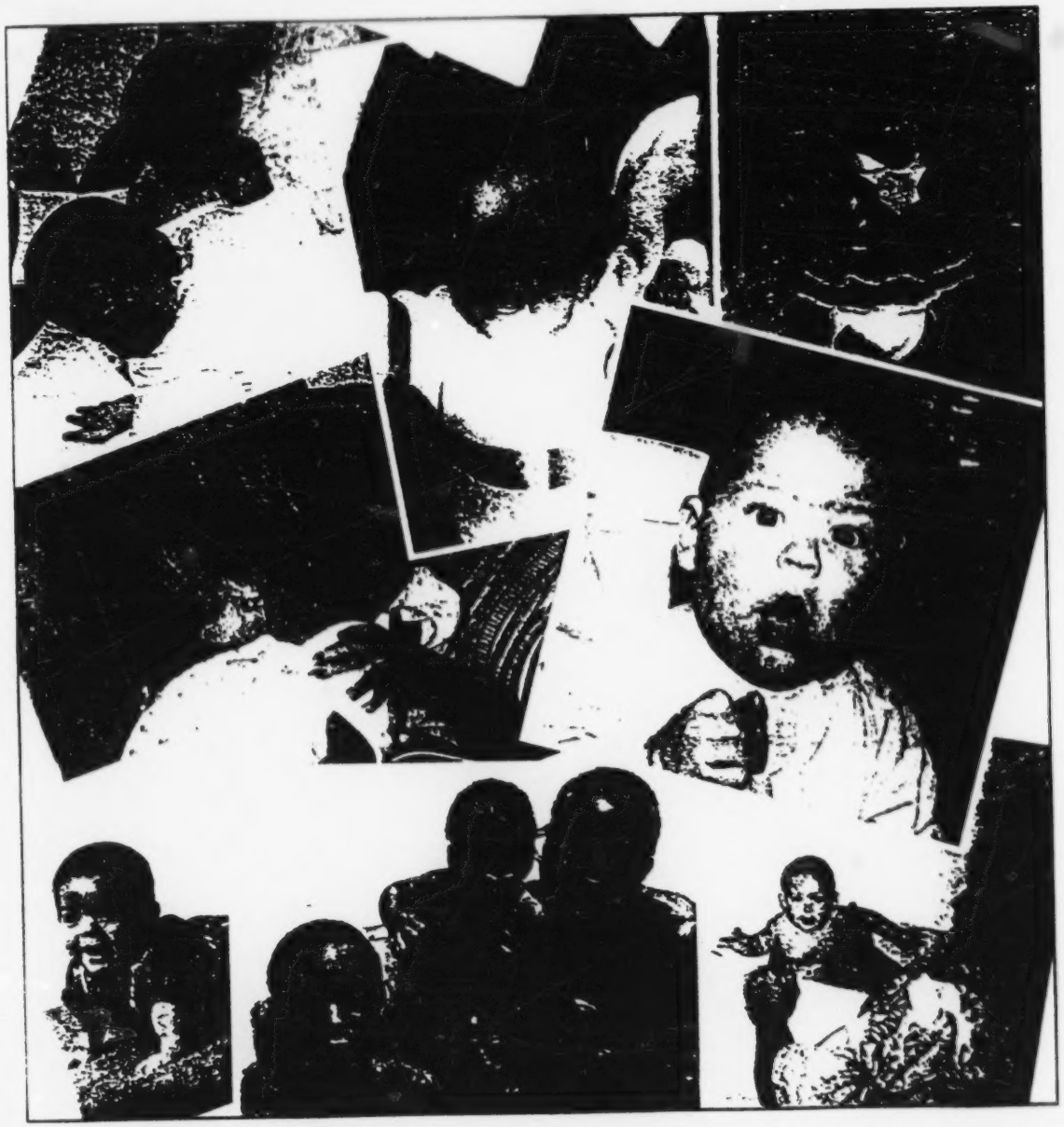
Memories to share

Looking back, you have many memories of all the things you have shared with your baby. Do you remember the times you stayed up all night? How about the times you thought the crying would never stop, or the times your baby smiled and laughed, and you felt good sharing his joy?

Do you remember when your baby:

- made his first sound other than crying?
- held his first toy?
- used a spoon for the first time?
- took his first steps?

You could go on reliving the memories, but now you and your baby are ready to move on. There are many more "firsts" to look forward to in the coming years: the first time he walks alone, the first words he reads from a book, his first day at school, and so many others.



BEST COPY AVAILABLE

Sources

Eisenberg, Arlene; Heidi E. Murkoff; and Sandee E. Hathaway. *What to Expect the First Year*. New York: Workman Publishing, 1989.

Human Relations Program, University of California Cooperative Extension. *Parent Express*. Berkeley, Calif.

University of Wisconsin Extension. *Parenting the First Year*.

Acknowledgments

Texas Tots is published by Foundations for a New Texas, a public-private consortium that promotes healthy children and families in Texas by developing and distributing materials on child development, parenting skills, and health care. Participants include:

- CEDEN Family Resource Center
- Children's Trust Fund of Texas
- Mental Health Association in Texas
- Parents Anonymous of Texas Inc.
- Texas Agricultural Extension Service
- Texas Council of Child Welfare Boards
- Texas Department of Health
- Texas Department of Human Services
- Texas Department of Protective and Regulatory Services
- Texas Early Childhood Intervention
- Texas Education Agency
- Texas Head Start Collaboration Project
- Texas Health and Human Services Commission

Texas Tots is produced by Media and Policy Services at the Texas Department of Human Services. It is modeled after *Parent Express*, a publication for new parents developed by the Human Relations Program at the University of California Cooperative Extension in Berkeley, Calif.

This is the last issue in the infant series of *Texas Tots*. Thank you for your interest, and congratulations on your growth as a parent. If you would like to learn more about how your child will grow during the toddler years, you can subscribe to the second year series for $4.

To subscribe, send a check for $4 payable to "Texas Tots," along with your name, address, and child's date of birth to: P.O. Box 4800, Austin, Texas 78765.

We would like to know what you thought about *Texas Tots*. Please send your comments to the address above.

Remember:

You are your child's first and most important teacher.

Texas Tots
P.O. Box 4800
Austin, Texas 78765

BEST COPY AVAILABLE

APPENDIX OO

MONTHLY NEWSLETTER QUESTIONNAIRES

TEXAS TOTS
GETTING READY

1. What is a popular natural childbirth method called?

2. What are two reasons a caesarean might have to be performed?

3. What are three things to keep in mind if you plan to have your baby in a hospital?

4. If you are breastfeeding, how soon after delivery should you feed your baby?

5. What three things may happen when labor begins?

6. What are three safety rules for using infant carriers?

TOTS
BECOMING A PARENT

1. What are three tips for a healthy pregnancy?

2. Why would breastfeeding be the best way to feed your baby?

3. What are some things you should look for when purchasing a new or used crib?

4. What is the difference in a licensed child care center and a registered family home?

5. What should you look for when choosing a child care center?

6. Who can help you with child care expenses if you are a low-income family?

TOTS
NEWBORN BABY

1. How many medical screenings are there during your babies first year?

2. During the 2,4,6, & 12 month checkups, your baby will receive immunizations.

T F

3. What is the only food a baby needs during her first four months of life?

4. How often will a newborn usually eat?

5. Why should your babies bottle not be propped?

6. Now that your baby is born, it is time to think about birth control.

T F

TOTS
ONE MONTH

1. When should daily tub baths begin for your baby?

2. What should the temperature of the room be when you bathe a baby?

3. You should not force your baby to drink all their milk.

T F

4. If you are breastfeeding, you need extra calories each day.

T F

5. What are two things you may expect to happen at your babies first month checkup?

6. You should keep a copy of your babies records in a safe place.

T F

TOTS

1 YEAR QUESTIONS

1. It is important for little boys to play with toys like trucks and girls to play with dolls. Boys should play with boy toys and girls with girl toys.

T F

2. At one year old a child can start on whole milk with the doctor's approval.

T F

3. It is alright to force your child to eat sometimes because he or she needs food from the four food groups and sometimes does not want to eat.

T F

4. What are three ways you can raise your child's self-esteem?

1.

2.

3.

5. When you are angry with your child you should do what?

6. It is important for children to know they do some things right each day. You should tell them the things they do well.

T F

APPENDIX PP

MONTHLY NEWSLETTER QUESTIONNAIRE ANSWER KEY

TOTS

KEY

BECOMING A PARENT

1. eat right while pregnant, stop drinking beer, etc., do not take drugs, quit smoking, learn about having a baby, begin prenatal vitamins.

2. provides all nutrients needed, helps protect baby from disease, creates special closeness, helps you get into shape, easier that making up bottles

3. bumper pads around the entire crib, mattress fits tightly, no pillow, safety latch baby can not undo, sides high enough baby can not climb over, wood surfaces smooth, damaged teething rails replaced, all plastic packaging on new cribs removed.

4. licensed centers meet minimum standards and are inspected three times before licensed, registered family homes do not follow same guidelines and may not have inspections.

5. visit several centers, count children, compare atmospheres, quality of supervision, watch activities, set time to meet with director.

6. Child Care Management Services (CCMS).

GETTING READY

1. LaMaze

2. if pelvic opening is too small, if mother's or baby's health is in danger

3. keep the phone number handy, find out which entrance to use, see how long it takes to get to the hospital, find out what kind of arrangements the hospital makes, ask for a tour, find out what you need to take, don't be embarrassed to ask questions

4. thirty minutes

5. contractions will start, "show" will occur, bag of water may break

6. always use the carrier belt or crotch strap, stay within arms reach, be careful in a shopping cart

NEWBORN BABY

1. 7

2. T

3. formula, breast milk

4. 2-4 hours

5. choking, ear infections

6. T

ONE MONTH

1. as soon as naval and circumcision heals

2. 75-80

3. T

4. T

5. questions about how things are at home, unclothed physical exam of your baby, measurements, vision, hearing test, questions about baby's eating habits, what you should expect in his development

6. T

2 MONTHS

1. air bubbles, diaper rash, wants to be held close, dressed too warm, not warm enough

2. she cannot digest it at this age and she will be overfed

3. fills infants up, then they do not get the nutrition they need, wait until baby can drink from a cup for juice

4. 24 hours

5. no, throw it away

6. it contains spores that cause serious illness called infant botulism

7. other foods cannot be digested, the tongue and ability to swallow solids is not developed until at least four months

8. 2 months, DPT,OPV,HIB, HBV

3 MONTHS

1. sing, hug, smile

2. True baby is learning and needs practice

3. True

4. False

5. True

6. True

11 MONTHS

1. hug, kiss, smile

2. True

3. True

4. True

5. False

6. False not regular bowel movements

1 YEAR

1. False

2. True

3. False

4. Tell them they are great, give them attention, give hugs and kisses

5. I get mad when you!!!

6. True

13 AND 14 MONTHS

1. True

2. True

3. True

4. put water in bottle, give favorite toy or blanket, give lots of attention at bedtime

5. arrive early at child care center to help your child adjust, do not come back after you have left, always tell your child goodbye, find a caregiver you trust

APPENDIX QQ

CHILD CARE CLASSROOM EVALUATION INSTRUMENT

STUDENT NAME _____ DATE_____

STUDENT CLASSROOM EVALUATION

Instructions: Please rate each student on student/child interaction in the classroom.

1. Did the student come to the classroom prepared to interact with a child?

   0 1 2 3 4 5

2. Did the student wash hands prior to making contact with a child?

   0 1 2 3 4 5

3. To what degree did the student use appropriate language with the child?

   0 1 2 3 4 5

4. Did the student talk to the child and wait for the child to communicate with them?

   0 1 2 3 4 5

5. Did the student provide language stimulation activities for the child?

   0 1 2 3 4 5

6. Did the student interact frequently with the child?

   0 1 2 3 4 5

7. When the student read to the child, did he/she point to pictures and let the child look at the book?

   0 1 2 3 4 5

8. Did the child have the opportunity to use most of his/her senses during the student/child interaction?

0 1 2 3 4 5

9. Was the toy chosen for the child an appropriate toy for that child?

0 1 2 3 4 5

10. Did the student praise the child for accomplishments with the toy?

0 1 2 3 4 5

11. Did the student encourage the child to play with the toy?

0 1 2 3 4 5

12. Did the student tend to the health needs of the child?

0 1 2 3 4 5

13. Did the student assure the child was kept safe at all times?

0 1 2 3 4 5

14. Did the student show the child they were interested in them.

0 1 2 3 4 5

15. Did the student clean up any areas they used and return any toys to their proper place before leaving?

0 1 2 3 4 5

16. Did the student interact or ask questions to the caregivers when necessary?

0 1 2 3 4 5

17. Student used appropriate guidance techniques like re-direction.

0 1 2 3 4 5

18. The student stopped children who were engaged in unsafe activities?

0 1 2 3 4 5

19. Student treated all children equally regardless of ethnicities, cultures, or genders.

0 1 2 3 4 5

20. Student maintained a positive attitude throughout the class time.

0 2 3 4 5

APPENDIX RR

CHILD CARE CLASSROOM EVALUATION RESULTS

CHILD CARE CLASSROOM EVALUATION

RESULTS

STUDENT NAME	GRADE
1	96
2	98
3	56
4	97
5	88
6	99
7	96
8	83
9	95
10	95
11	80
12	98
13	90
14	91
15	87
16	91
17	96
18	93
19	99
20	83
21	81
22	90
23	92
24	91
25	96
26	85
27	90
28	99
29	100
30	80
31	90
32	91
33	94
34	97
35	83
36	56
37	91
38	91
39	93
40	90
41	91
42	89
43	90
44	90
45	93
46	94
47	90

35= 90-100 2= 56- 45= 80-100

BEST COPY AVAILABLE